S. HRG. 101-806

HOMELESSNESS: AN AMERICAN TRAGEDY

HEARING

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

EXAMINING THE HEALTH AND HUMAN SERVICE ASPECTS OF HOMELESSNESS

SEPTEMBER 29, 1989 AND MAY 9, 1990

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE

22-752 ≈ WASHINGTON : 1990

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

S541-43.

COMMITTEE ON LABOR AND HUMAN RESOURCES

EDWARD M. KENNEDY, Massachusetts, *Chairman*

CLAIBORNE PELL, Rhode Island
HOWARD M. METZENBAUM, Ohio
SPARK M. MATSUNAGA, Hawaii
CHRISTOPHER J. DODD, Connecticut
PAUL SIMON, Illinois
TOM HARKIN, Iowa
BROCK ADAMS, Washington
BARBARA A. MIKULSKI, Maryland

ORRIN G. HATCH, Utah
NANCY LANDON KASSEBAUM, Kansas
JIM JEFFORDS, Vermont
DAN COATS, Indiana
STROM THURMOND, South Carolina
DAVE DURENBERGER, Minnesota
THAD COCHRAN, Mississippi

NICK LITTLEFIELD, *Staff Director and Chief Counsel*
KRISTINE A. IVERSON, *Minority Staff Director*

CONTENTS

STATEMENTS

FRIDAY, SEPTEMBER 29, 1989

Page

Crohn, Scott, Damien Ministries, Washington, DC, and Renee Johnson, The Green Door, Washington, DC, accompanied by Judity Johnson, executive director, The Green Door 3
Prepared statement of:
Mr. Crohn 4
Mitchem, Freda, coordinator of the Health Care for the Homeless Program, National Association of Community Health Centers, Washington, DC, and Lisa Mihaly, Children's Defense Fund, Washington, DC 11
Prepared statements of:
Ms. Mitchem 14
Ms. Mihaly 20

WEDNESDAY, MAY 9, 1990

Kennedy, Hon. Edward M., a U.S. Senator from Massachusetts, prepared statement 25
Hatch, Hon. Orrin G., a U.S. Senator from Utah, prepared statement 29
Metzenbaum, Hon. Howard M., a U.S. Senator from Ohio, prepared statement 31
Coats, Hon. Dan, a U.S. Senator from Indiana, prepared statement 32
Adams, Hon. Brock, a U.S. Senator from Washington, prepared statement 33
Dodd, Hon. Christopher J., a U.S. Senator from Connecticut, prepared statement 37
Simon, Hon. Paul, a U.S. Senator from Illionis, prepared statement 38
Williams, Robin, actor and comedian, San Francisco, CA, on behalf of Billy Crystal; Whoopi Goldberg, actress and comedienne, Los Angeles, CA; and Connie Perez, Outreach Worker for the Homeless, Children's Hope Program, Oxnard, CA, accompanied by Monique Perez 40
Prepared statements of:
Billy Crystal read by Robin Williams 40
Ms. Goldberg 43
Mr. Williams 44
Ms. Perez 47
Jeffords, Jim, a U.S. Senator from Vermont, prepared statement 57
McKinney, Luci C., chairman, Stewart B. McKinney Foundation, Fairfield, CT; Judy Langford Carter, executive director, Ounce of Prevention Fund, Chicago, IL; and Robert M. Saywell, Jr., associate professor, and director, Graduate Program in Health Administration, Indiana University School of Public and Environmental Affairs, Indianapolis, IN 66
Prepared statements of:
Mrs. McKinney 69
Ms. Carter 76

HOMELESSNESS: AN AMERICAN TRAGEDY

FRIDAY, SEPTEMBER 29, 1989

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:08 a.m., in room SD-430, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Metzenbaum, and Durenberger.

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. We will come to order.

Today the committee examines the continuing tragedy of homelessness in America. As many as 3 million of our fellow citizens are condemned to poverty so severe that they go without shelter.

The faces of the homeless are familiar to all of us. They are older men and women with vacant eyes and frightened expressions. They are children with hollow cheeks and hopeless stares. They are the faces of troubled people battling imaginary demons and real life nightmares. They are the faces pressed against the windows of our affluence and thus shame us with their silent plea.

The cause of the crisis is not a mystery. The road to homelessness was paved with good intentions. Over a decade ago, we took the humane step of deinstitutionalizing the mentally ill, and endeavored to provide the opportunity that they deserved to live in homes in their communities instead of warehoused in institutions. But we failed to deliver on our promise to help them adjust to the community. We opened the doors of the warehouses, but we closed the gates of the community. Tens of thousands of people with mental illness were left to fend for themselves, and it never should have happened.

Government contributed to the problem in other ways. Over the past 10 years, Federal support for low-income housing has decreased by almost 80 percent. During the Reagan years, 11 of the 13 Cabinet-level departments saw their overall budgets increase. But two departments—HUD and Energy—suffered budget reductions.

The Department of Energy experienced a modest 3.6 percent decrease, and HUD was subjected to a 53.9 percent decrease. That budget strategy must share the blame for the rise in homelessness.

The most important step we can take to deal with this crisis is to expand the supply of affordable housing. In addition, many of the

homeless, as our witnesses will explain today, need extra assistance in order to survive, even if they are able to find adequate housing.

Homeless families need support networks—day care, job training, and family counseling. The chronically mentally ill need drug therapy, emergency mental health services and job training assistance. The elderly and people with AIDS and other serious illnesses need nursing care and access to emergency health services.

For many of these people, housing alone is not enough. For too many people, the absence of support services means moving from shelter to shelter in ill health and hopelessness. The shelter system is a bandaid, not a realistic answer to the problem. To deal effectively with homelessness, we need to move beyond the emergency shelter response and provide the housing and other services that will make a permanent and honorable solution possible.

Senator Metzenbaum.

Senator METZENBAUM. Mr. Chairman, I am pleased to join you at this hearing this morning.

I think we are dealing today with a problem that blows my mind. Homelessness in the United States today is a national disgrace. Most estimates place the number of homeless at 3 million Americans. One out of every four homeless persons is a child.

There is no parallel in the developed world. No other Western country neglects its citizens in so fundamental a way, denying even the most basic shelter for 3 million of its own people.

Four months ago, I and Senators Gore, Bumpers, Simon Pell and Inouye introduced the Permanent Housing for Homeless Americans Act, a bill that attacks what every major study has defined as the primary cause of homelessness—the lack of decent, affordable housing.

The bill we introduced would increase the supply of Federally-assisted housing by 140,000 units in each of the next 2 years and reserve those units for the homeless and for people in imminent danger of becoming homeless. That bill, S. 1034, is currently pending in the Banking Committee. That committee has been holding hearings all summer on a new housing reauthorization bill, S. 566, The National Affordable Housing Act.

However, that bill is sorely lacking in one highly significant area. It does not do enough to address the urgent problem of homelessness. To illustrate, only $300 million is directed to homeless programs—out of $15 billion, 2 percent of the total, and that is not enough.

And let me say to the homeless that what you probably need are some high-priced lobbyists. You ought to just go out and hire somebody for about $250,000–$300,000 retainer and have them come in here and do your lobbying for you. I know that you do not have the money to do that—obviously.

The fact is, if you did, you'd get more than 2 percent of the $15 billion. And to those who say, "We can't afford it," let me say that the $15 billion that is in that housing bill, somehow they find it for that. Somehow, we find $300 billion to bail out the savings and loan industry. Somehow, we save the $6–$8 billion that they now say that the FHA is short or they didn't realize how much their losses would be. Somehow, we find the money to take care of Sam Pierce and all of the others involved in the HUD scandal, and all

of the rip-offs that we are taking care of, the special lobbyists and friends of President Reagan, such as Jim Watt. We find the money for them, but for the homeless, no way.

Let me say there is broad public support for an aggressive housing production program to house the homeless and to halt the increase in homelessness. In a recent Media General/Associated Press poll, 60 percent of the respondents rated homelessness as a very serious national problem, and 62 percent favored more Federal spending to provide the homeless with housing. Nearly two-thirds favored building more subsidized housing for poor people.

The message is clear, but I'm not sure Congress has gotten it because you don't have those high-priced, Gucci shoe-wearing lobbyists. Americans want to do something about the problem of homelessness, and they are willing to pay for it.

The CHAIRMAN. Thank you very much, Senator Metzenbaum.

We welcome our first panel. We are pleased to have Scott Crohn, of Damien Ministries, and Renee Johnson, of The Green Door, if they would be good enough to come forward, please.

Scott, we'll start with you. We appreciate your willingness to come here and speak to this issue, and commend you for your courage and your commitment. We look forward to your testimony.

STATEMENTS OF SCOTT CROHN, DAMIEN MINISTRIES, WASHINGTON, DC, ANDRENEE JOHNSON, THE GREEN DOOR, WASHINGTON, DC, ACCOMPANIED BY JUDITH JOHNSON, EXECUTIVE DIRECTOR, THE GREEN DOOR

Mr. CROHN. Thank you, Senator Kennedy, committee members.

I wish to address the issue of being homeless with AIDS.

I was diagnosed in 1983, but I didn't have any physical problems or limitations until 1987, when I became ill and lost my job and my home in the same week. I ended up living in the YMCA——

The CHAIRMAN. Were you fired from your job, or how did you lose it?

Mr. CROHN. I informed one of the employees I worked with of my diagnosis—it was a woman I also lived with—she went to the manager, and all of a sudden, I had no more work available to me. I was working as a secretary for a temporary agency at $10 an hour.

The CHAIRMAN. And what about your home? Did you lose that?

Mr. CROHN. We were renting together, and upon my telling her of my diagnosis, I was asked to move.

I found myself living in the "Y". I ran out of money 2 weeks after that. Just before the first of the year, I found myself packing my belongings up, what I could carry, because I felt living on the streets, I would not be able to get around that easy.

It was through the services available to me from the Gay-Lesbian Hotline that I found the AIDS Foundation Houston, which had a home for homeless which has 9 men. I was fortunate enough to get a room.

It was through the AIDS Foundation and living in the home that I realized just what we were up against, and I wasn't alone. We had a man who had been living in his car for 2 weeks because he was kicked out of his house, had been ill in his car for 2 weeks, and when he was brought to the home was very ill, and we knew that

he was not going to survive very long, which he did not; he lasted one night in the home, and they took him to a county hospital, where he died a short time later.

It was there that I also realized that AIDS does not discriminate against color or background, and that the problem that we were facing was yes, we had a shelter, but you only have a shelter for 3 months. In that time, you were expected to get your Social Security and get back on your feet. But when you are making $300 a month, it is very hard to find a place to rent and eat and clothe yourself for $300 a month.

I started working for the Damien Ministries. In the past 3 days, I have had almost 20 calls from people who need a place to stay—women and men. I only have room for 10 clients. I have no place to put these people. I get these phone calls as a last ditch effort to find a place for these people to live. I have no resources available to me to house these people. These people lose their insurance; they can lose their jobs, they can lose their homes, all because of a diagnosis of AIDS. I don't know what the solution is, but we are going to have to find one. Thank you.

[The prepared statement of Mr. Crohn follows:]

Prepared Statement of Scott Crohn

I originally was diagnosed in 1983 at Denver General Hospital as carrying the AIDS virus. All I knew at that time about AIDS was that it could be fatal.

But, with the exception of severely swollen lymph nodes and night sweats, I basically felt healthy.

In 1985, feeling ill once again with the original problems and after suffering from Herpes Zoster on the right of my chest and back, I went to Hennepin County General Hospital. I received a formal diagnosis of AID Related Complex. Their suggestion was to do a biopsy on my lymph nodes, which I refused.

I was still physically able to work, and wanted to. I saw the operation as a set back, and one I wasn't sure I would recover from.

In December, 1987, I once again, and has been for some time, suffering from fatigue, high temperatures at night, swollen lymph and an outbreak of Herpes Zoster on my forehead.

I was sharing a house with a couple and her 4-year-old daughter and working for a temporary agency as a secretary earning $10 an hour.

The woman I shared the House with was also my supervisor at the agency. I felt I could trust her so I told her it was AIDS related.

The couple could not handle it, the fact was, they were afraid they would catch AIDS from me or her daughter would. I was asked to move out, though they told me there wasn't enough room, it was a 3 bedroom house.

I moved into the YMCA and rented a room for $70 a week. It was dingy and depressing, I was not prepared for sharing a bathroom with an entire floor, nor was I accustomed to the drug dealers and men wanting sex, they would cruise the hallways at night.

It took 2 weeks, just before New Years, and out of money, that I had no place to go, period. I had no close friends to turn to or money.

On my last day at the YMCA, I packed what I could and left the rest behind in the room, only taking the clothes I felt I could carry.

By this time I had come to the decision that my only choice left was suicide. I didn't know how, I just knew I would never survive living on the streets.

It was while I was sitting in a park I decided to call the Gay/Lesbian Hot-line, I had a dollar in change left to my name. I explained my situation of being homeless, they referred me to the AIDS Foundation Houston and a man by the name of Ron Sparks, then Director of Social Services. When I called him, all that kept going through me was the helplessness of it all and fear so strong I was scared.

I could not believe that at 35 I was jobless, and felt I would never work again because I was sure my former employer would inform any potential employer I had AIDS Related Complex, which you may as well say AIDS, the fear from people is still as great.

I was physically ill, partially, I feel, from the ARC, but also due to a greater degree from the depression I was going through.

I had no emotional support, and felt totally rejected.

I got to the AIDS Foundation—for the first time in a month I felt some hope.

That vanished when they asked me for a letter of diagnosis, I didn't have one, all hope vanished.

I told them I had been to Hennepin County General, so they called. It was frightening, I kept hoping they would confirm my diagnosis. Can you imagine hoping for an AIDS diagnosis.

In order to become a client of the Foundation, you had to have AIDS or ARC.

Ron told me they had temporary housing for 9 men and had an opening—upon confirmation over the phone of my diagnosis—Ron said I could move in.

There was a mixture of relief and also anxiety of wondering what type of place I was moving into and not knowing what to expect.

The men in the house were from all walks of life, with the exception of one, all were gay.

One black guy was a hustler, so he said, one Hispanic, who had worked for Continental Airlines until he became ill, a drug abuser who would always shoot drugs in his room or the bathroom—a wide range of people.

But I discovered something, we were all homeless, some were forced to be homeless rather than trying to live with families who didn't understand AIDS and treated them as outcasts.

And we all had AIDS or ARC, your past didn't matter and all of us had uncertain futures.

I became close to almost all of them, black, white or Hispanic, none of it mattered, there was a common bond, dealing with living in a home for the homeless and our disease.

A couple of months after I lived in the house they brought a young man to the house who was emaciated and very ill. He had been kicked out of his sister's home and had been living in his car for 2 weeks. That evening one of the guys gave him a robe because all of his clothes were soiled due to diarrhea while living in the car, and we talked to him for a short time.

It was a shocking reality for us, to see this obviously extremely ill young men as he told us about having to survive in his car.

That evening we made sure he drank liquids, and some of us took turns sitting with him. We knew he didn't have long, which turned out to be true. The next day they took him to the county hospital where he died a short time later.

I ask you to imagine losing your job and home. With it you lose your dignity and self respect and most of all, the will to survive. What can AIDS possibly do that our society hasn't already down.

I use to think our society was hoping that we would go off someplace and die quietly and they wouldn't have to see, realistically, the epidemic of AIDS and the homeless. Because by not seeing it, its not really happening, therefore, no one is responsible.

It was then, through emotional support, and people pushing me back into living, that I decided to fight this disease, fight being homeless, and become part of the society that, I felt, let me down.

I made it, but I know of many who gave up and basically willed themselves to die.

The worst of all of this is that the numbers will keep growing, the number of people with AIDS and who are homeless.

The CHAIRMAN. Thank you very much. I have some questions, but let's go to Renee Johnson.

We are glad to have you here.

Ms. JOHNSON. Good morning, Senator, and thank you.

My name is Renee Johnson. I have a mental illness called manic-depression. I had a breakdown when I was in college in 1976. I have been hospitalized 6 times for my mental illness.

I first came to Green Door in 1985. I moved into a Green Door group house and lived in Green Door housing for a couple of years. Now I live with my fiance. I still come to The Green Door every day to get my confidence up and get myself ready to go back to work.

People with a mental illness want to live in the community and can live in the community. They just need a little help to make that possible.

At The Green Door's group house, I got re-educated in skills I used to know but forgot when I was in the hospital. I relearned grocery shopping, personal hygiene, household chores, washing clothes and cooking. Living in the group house also taught me to socialize with other people from different backgrounds.

I am very grateful to The Green Door for the help they gave me and are still giving me. They prepared me for independent living, which I am doing now. I am almost a whole being once more.

When you get a mental illness, your whole life changes. You lose your confidence. It is very scary to have a mental illness. I felt I was losing my mind. It was a terrible event. I could no longer reach the goals I had for myself. I couldn't cope. It was terrible being labelled mentally ill.

I do have a problem, but with help I can function. I can see my strengths and weaknesses now. I need my therapist. I need to stay on my medications. I need The Green Door. I need extra help. But now I know that I can do many things. I do clerical work at The Green Door. I type letters, answer the phone, schedule meetings, give tours and am helping them make a video on The Green Door.

Now I set more realistic goals for myself. I know I need to be in a program—The Green Door. I don't want to feel sorry for myself. I know I need to get out of the house and get involved. So I go to The Green Door each day and work there.

Mentally ill people have to learn to do things others take for granted—to get up, get dressed, get involved, be active, stay all day in the program.

I want to get back to work. I have tried two of The Green Door's transitional jobs and got too depressed to continue; but I hope to try on again next year. In the meantime, working at The Green Door gives me a sense of self worth and helps me stay healthy.

I am lucky because I have had my family to help me. But I cannot stay with my family. My illness had a great impact on my family as well as myself. I had to move out. I was one night in the bus station. I had no money. I was scared and lonely. Many Green Door members have lived in the shelters and on the streets before they came to The Green Door. And they have no help from their families. It is very scary to have a mental illness and to be homeless, too. The Green Door becomes their family and puts them in our housing. The Green Door staff helps them, as they did me, learn to live on their own again.

The Green Door also helps them to learn to work again and then gets them jobs. We have transitional jobs in businesses, and recently 3 more Green Door members have gotten full-time jobs due to their work at The Green Door.

Mental illness is not a picnic. But with the help of programs like The Green Door, we can live and work in the community. Thank you.

The CHAIRMAN. Thank you very much, Renee, for sharing your story with us.

Scott, let me ask you just a few questions.

There are some people—obviously not terribly well-informed—who would say that you brought all these problems on yourself because of the lifestyle you have chosen. How would you respond to people like that?

Mr. CROHN. That that could very well be true, but it doesn't make me any less a human being; it doesn't mean that I don't need the medical attention and the social services available, or that I don't need proper housing. Yes, that might very well be true.

The CHAIRMAN. People in our society have diverse lifestyles, and if we are a caring society, we should care about all of them, I imagine.

Mr. CROHN. Well, if a person is diagnosed with cancer from smoking cigarettes, you know, he is still ensured he will retain his job, he will keep his house, and he will get the proper medical attention that is needed. But people with AIDS are not given that. I have seen them lose it all.

The CHAIRMAN. How do you think the Federal Government can help people in your kind of situation?

Mr. CROHN. By setting up a more effective social service program; making reasonable housing available; getting the medical standards set higher. That is the only solution I can think of. Social services is one of the most important things we need.

The CHAIRMAN. And that is not available; you find that that has been completely lacking.

Mr. CROHN. I find it very inadequate.

The CHAIRMAN. Tell us a little bit about the people that you serve at Damien Ministries. What are some of the stories of the people that you come in contact with?

Mr. CROHN. Well, we deal basically with substance abusers who are living on the streets. They have to have a diagnosis of HIV-positive, AIDS or AIDS-Related Complex. Most of them have been substance abusers for many years. They are living on the streets. I just placed one yesterday who had been living on the streets for 4 days. And they don't seek medical attention when they are living on the streets. It is a growing problem.

When I receive the calls that I have received this week, and I can't house somebody, then you start realizing that it is an issue that has to be addressed.

The CHAIRMAN. What happens to those people when they call you and you can't help them? Do they lose hope? Do they just stay out there on the streets?

Mr. CROHN. They stay out on the streets until such time that they can find someplace, a shelter to move into.

The CHAIRMAN. Is shelter difficult to find?

Mr. CROHN. Yes, it is. Generally, when I get a call from someone who is homeless and with AIDS, I am the last ditch effort in trying to find these people a place to live.

The CHAIRMAN. What is the most important lesson that you have learned that you would like us to understand?

Mr. CROHN. That even though I have AIDS, that I still should be able to die with some dignity and self-respect; that I should be able to know that I will have a roof over my head, that I will get the proper medical attention that I need, that the drugs will be avail-

able to me—which are not at this point because they are too expensive—and that I get the support through social services.

The CHAIRMAN. Very good.

Renee, I want to say how impressed we are with your success. You have really demonstrated your commitment to come to grips with life's challenges, and obviously you have done that in several important and significant ways, and you deserve a lot of credit for that. I want to commend you.

I understand that some of your friends who also have mental illnesses were forced to live on the streets before they found The Green Door. Can you tell us a little bit about that?

Ms. JOHNSON. Well, after a certain period of time, the hospital may feel that you can be on your own. When we come out, we don't have our families or friends, and we are on a low income, SSI, not enough to pay regular rent per month or to rent a house. And you really can't grow in the hospital. Since I was in The Green Door housing, I have learned to grow again. When you are hospitalized, you don't really grow.

The CHAIRMAN. Do you think you would have come as far as you have without The Green Door?

Ms. JOHNSON. No, sir, I wouldn't have come as far.

The CHAIRMAN. What advice would you give to other people in your situation?

Ms. JOHNSON. To set realistic goals; don't set goals they can't accomplish. Our goals are the things we couldn't do when we were sick—get up in the morning—we sleep all day and sleep all night—eat properly, get dressed, get involved. We weren't lazy. It was the medication. It was that we had given up, low self-esteem; we hated ourselves. We hated being mental patients because society hates us as it is. And I would pretend that everything was all right, but it wasn't all right. I had a problem. I started taking my problem seriously, and the first thing I had to do was to admit that I was a mental patient. It is so hard for the others, too, because they say, "I don't have any illness. There is nothing wrong with me." But I had to really recognize there was something wrong with me, and I had to do something about it. Nobody could do it for me. I couldn't blame my family anymore. I couldn't blame society, when all the opportunities are out there for people with mental illness, and The Green Door was an opportunity for me.

The CHAIRMAN. Do you want to introduce your friend on your right?

Ms. JOHNSON. Yes. This is Judith Johnson. She is executive director of The Green Door.

The CHAIRMAN. Judith, we are glad to have you here. You must take a great sense of satisfaction in your achievements. You are to be commended—the whole program is. We are very glad that you are here.

Ms. JUDITH JOHNSON. Thank you.

The CHAIRMAN. Senator Metzenbaum.

Senator METZENBAUM. Scott, did you find yourself in a position where you had to go out on the streets and sleep for some nights, or were you able to keep that from developing into a reality?

Mr. CROHN. I was fortunate in finding the AIDS Foundation. I spent the day out on the street; before evening, they were able to

find me a shelter. But it was during that day, when one realizes that one does not have a place to go, that I didn't really see any hope.

Senator METZENBAUM. What was going through your head at that time when you were thinking that you were going to have to sleep on the streets?

Mr. CROHN. That I wouldn't make it, I wouldn't survive on the streets.

Senator METZENBAUM. Out of a sense of fear or a sense of the elements?

Mr. CROHN. Yes, of losing everything. The depression was very great. I saw no way out—the only way out I saw was to commit suicide. And I didn't know how I was going to do it, but I knew I would not live on the streets. I wouldn't survive, because of the weather, the lack of food, the lack of clothing. So it was a genuine fear.

Senator METZENBAUM. The people you take in at Damien Ministries, what about the mental state of those people—I don't mean whether they are mentally well or mentally ill, but I mean their fears and their concerns and the fright. It seems to me that one of the most traumatic aspects of being homeless has to be when they suddenly realize they have no home to go to, and then they have to find someplace to sleep. I sometimes wonder how they do it, what goes through their minds. I wonder if you could share any reactions you have?

Mr. CROHN. Well, the client I had that came yesterday who has been living on the streets for the past week, when I finally told him that, yes, I had a place for him, you could see the relief on his face that he finally would have a place to live.

I think after a certain period of time people living on the streets become resigned to the fact that they are going to live on the street because they can't count on the social services to be there for them. We are overwhelmed.

Senator METZENBAUM. Renee, I think your testimony is very encouraging. It takes a lot of courage on your part because—both of you—to come before a Senate committee and testify has a certain element of fear about it as well, notwithstanding the friendliness and warmth of the chairman, but it still has an element of some concern. So I commend you on that.

Ms. Judith Johnson, would you tell us just a little bit about Green Door, because I am embarrassed to admit I don't know.

Ms. JUDITH JOHNSON. Green Door is a program for people with a major mental illness. About 80 percent of the people have a diagnosis of schizophrenia and the rest, like Renee, have a diagnosis of manic depression.

We take people from the shelters—we brought 50 people from shelters this last year—and people from the hospitals, and we help them learn to live in the community on their own and to get jobs.

The national re-hospitalization rate is over 50 percent, and our rate is 9 percent. We have about 25 percent of the people at The Green Door successfully working in the community, so we prove the untruth of the common myth that people can't work and can't live in the community, because with a little support, they can do both of those things, and we provide that support.

Senator METZENBAUM. How many people do you have at any one time at Green Door.

Ms. JUDITH JOHNSON. One hundred and eighty. And over the course of 12 years, we have brought 1,400 people out of the hospitals and shelters.

Senator METZENBAUM. How are you funded?

Ms. JUDITH JOHNSON. Primarily through the District's Commission on Mental Health Services, and then obviously, other private support, also. We have about 65 people living in our housing. We have two small apartment buildings that we got with HUD Project 202 Grants about 10 years ago, and we have one new house that we got with McKinney Act funds, and then we provide the support for the people who live there. We have 8 people living there. And then there are a lot of other houses that we rent and then sublet to the members because nobody can afford the rents in Washington, so we cover the losses.

Senator METZENBAUM. Would you say that almost all of the people who are at Green Door would be on the streets if they weren't at Green Door?

Ms. JUDITH JOHNSON. Oh, yes, and a lot of them have been in the past, and a lot of them, that's where they came from. So we really are a safety net to keep that from happening. If you discharge someone from the hospital with no support, it is not going to work. They are going to fall through it. All the rest of us have support—we have family and friends to help us when we fall. So The Green Door becomes that family to keep people from falling through.

Senator METZENBAUM. Do you have any figures as to what the annual cost is per resident?

Ms. JUDITH JOHNSON. Yes. It costs from $6,000 to $8,000 a year, depending on the services; and St. Elizabeth's Hospital costs $85,000 a year. So it is very economic and cost-effective, plus you can begin to get people back to work, and then they start being taxpayers again. We have had a number of people who have come off the SSI rolls and gone back into full-time work.

Senator METZENBAUM. Thank you very much. That was very informative, and I think the last point you make is particularly significant, that just a few dollars that are sometimes spent in order to bring the homeless off the streets and bring them back into the productive part of society not only eliminates the cost but actually produces revenue as they take jobs and pay taxes and so on.

Ms. JUDITH JOHNSON. In the long run, it really pays off.

Senator METZENBAUM. Thank you very much.

The CHAIRMAN. I thank both of you very, very much. We appreciate your willingness to come here and tell us your stories.

The CHAIRMAN. We are pleased to welcome Freda Mitchem, coordinator of Health Care for the Homeless, and Lisa Mihaly, of the Children's Defense Fund.

We'll start with Freda.

STATEMENTS OF FREDA MITCHEM, COORDINATOR OF THE HEALTH CARE FOR THE HOMELESS PROGRAM, NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, WASHINGTON, DC, AND LISA MIHALY, CHILDREN'S DEFENSE FUND, WASHINGTON, DC

Ms. MITCHEM. Thank you, Senator Kennedy and members of the committee. I appreciate the opportunity to be here to speak with you today.

I am a training coordinator with the National Association of Community Health Centers, providing training for the 109 Stewart B. McKinney-funded Homeless Health Care Projects that were set up a year and a half ago through funding from the McKinney Act. Those programs send multidisciplinary health-outreach teams into shelters, soup kitchens, onto the streets, out into campgrounds to provide medical care and related social services for homeless people.

In their first year of operation, they served 231,000 homeless patients through 783,000 patient encounters, exceeding the goals that they had projected when they requested funding.

The teams are provided by community health centers, inner-city hospitals, public health departments, and other nonprofit health organizations in areas where homeless people are located.

I would just like to say that there is no debate on the part of health providers that lack of affordable housing is a basic problem that causes homelessness, and an increase in affordable housing will be part of the solution.

But those of us who work daily with homeless people understand that housing is only part of the solution. The mental health, health, and psychosocial needs of homeless people are severe and really must be addressed for many of them to make a good transition into housing, even if the housing were to be available. That is not true for all. There are some episodically homeless people for whom, if housing were available, they would be fine, but for many that's not the case.

I think that the health and social service aspects of homelessness were recognized in the architecting of the McKinney Act by your committee, for example, because seven of the programs in the McKinney Act are for mental health, health, job training, and those kinds of things.

Unfortunately, I would just like to say that it is a tremendous bitterness for those of us who work in the field with the McKinney Act programs and with homeless people that the Labor-HHS programs have been the most underfunded programs in the McKinney Act. The housing programs that provide for food and shelter, bed and board tend to be better funded than do those that work with people in terms of rehabilitation, mental health, primary health, education and job training, which we think really is the more hopeful aspect of the McKinney Act.

We do appreciate the Senators who helped with the recent sense of the Senate resolution to get the funding up for those programs and hope that we can see full funding for them.

The CHAIRMAN. Just to underline what you said, I think it really is a real national disgrace, the failure of funding. We didn't even

come up to what President Bush asked for—in either the House or the Senate——

Ms. MITCHEM. That's right.

The CHAIRMAN [continuing.] And the House is somewhat better than the Senate, but we have seen a significant decline in support for the various health programs.

You have no trouble with these two Senators here as you argue in support of those programs. We have taken the opportunity to communicate over support to our House colleagues as well as to our colleagues here who will be members of the Labor-HHS appropriations conference. But I think it is important that you remind us about that.

Ms. MITCHEM. Well, we do appreciate your efforts, and as I say, it has been almost unbelievable that, after setting the programs up, we would be faced with possibly shutting them down because of lack of funding support from Congress.

I would like to tell you just a little bit about how the health and social services work, some of the things we find in working with homeless people, and some of the policy problems that we see there.

I'd like to give you a couple of examples. The people that we see generally are sicker than the regular population. They have a lot of educational and job skill problems, mental health and substance abuse problems. That is true both of the families and of the individuals who are served.

I would like to tell you about a couple of examples drawn from the Washington, DC Health Care for the Homeless Project and New York.

A typical situation is a physician from the New York Children's Health Project went into a congregate shelter for runaway, unattached homeless youth. He was asked to examine by the people in the shelter an 11-year-old boy who was said to be doing very poorly in school. Upon examining him, to his astonishment, he found that the boy had no palate. He had lived in this country, a developed country, for 11 years with a cleft palate that had gone untreated. He had obviously never had any thorough primary health care in his life and is now, of course, undergoing reconstructive surgery and getting some of the primary health care and social services that he needs. Both of his parents were in jail on drug-related offenses. He had been placed in a foster home where it didn't work out, and he had taken to the streets and finally ended up in a shelter for unattached youth.

Another situation is a 2 year-old of a mother living in a welfare hotel in New York who had no language development at all. They were concerned that the child was retarded. When the physician checked the child out, he found that in fact this infant had had untreated ear infections that had gone on for 2 years during the critical stage of language development for infants, and that without detection of that problem and providing the support for the family and the health care needed, the kid was going to go to school, labelled as "developmentally deficient", without any speech development. Therapy has been begun; his ear problems are being treated, and the family is beginning to be worked with. But these are typical rather than atypical cases.

On the adult side, the health team here in Washington provided care for a man who had been on the streets of Washington for years. He was alcoholic. He went to Christ House, which is a respite care facility for homeless people who don't have anywhere else to live, and he received there medical care, social services, some alcoholism treatment—but most importantly, a social network, a supportive social network of people who almost replaced the family that he was estranged from for him. He has been dry for a year. He rents his own room. He works full-time, and he has re-established his relationship with his brother in another State.

Housing alone would not have accomplished that for him. He needed the connectedness, and he needed health and social services.

I would just like to say also that the people that we see in the Health Care for the Homeless Program, 40 percent of them were children or their parents, living in family status, or runaway youth. Sixty percent of them were members of minority groups. Fifteen percent were children below the age of 14 years, and in one project in New York, only 28 percent of the children who were 1 and 2 years old, only 28 percent were documentable up-to-date on their immunizations. And I think most of us in a developed country know what the immunization program is and means; we export it through foreign aid to the rest of the world. We have essentially a Third World situation among the homeless in most of our cities and many of our communities.

Probably most devastating is that of the 231,000 people who were served this year by these projects, 56 percent had no public benefits of any sort whatsoever, and only 21 percent had or appeared to be eligible for Medicaid assistance—which is considered the safety net health insurance program for the poor. So that we have the most indigent of the indigent who in fact are so poor that they no longer have housing, who also don't have medical insurance or any means of financing their care.

And why is that so? It is so because many of them fall into the category of the single adult, and single adults in this society if they are males, or are not pregnant or do not have children, do not have health coverage from any sort if they are poor.

In terms of solutions, we see these solutions. We need more affordable, low-cost, transitional and permanent housing, but with the social and health services attached to them, to allow people to make a real break from homelessness.

We need more housing with medical and health services for HIV-positive homeless patients. Some of the shelters in Washington and other cities are being overrun with HIV-positive homeless patients. They are being discharged from hospitals to shelters which are inappropriate places for their care.

Third, we need a guaranteed wage that is high enough for people to rent apartments; and we need higher wages for temporary workers.

We need health insurance coverage for everybody who is poor at a minimum in this country. If we can't get national health insurance, we need at least to say that if you are poor, you deserve health coverage, poor or near-poor. We have lopped off the single

males and said that they don't deserve coverage, so they wander the streets with no access to health care.

And finally, we need to somehow find a way of breaking this impasse that we are in, which doesn't allow sufficient funds to flow to education, housing and health care in this country. We have a social deficit in this country, not just a fiscal deficit, and as long as we don't find a way of breaking that deficit, we are going to continue to have increases in homelessness, poverty, and the problems that we are trying to find a solution to. Thank you.

[The prepared statement of Ms. Mitchem follows:]

Prepared Statement of Freda Mitchem

My Name is Freda Mitchem, I coordinate a Homeless Health Care Training Project for the National Association of Community Health Centers for 109 Stewart B. McKinney-funded Homeless Health Care Projects operating throughout the country. In 1988, these projects served 231,000 homeless patients through 783,000 patient encounters. The projects operate through health outreach terms that go into shelters, welfare hotels, campgrounds and the streets. I deeply appreciate the opportunity to discuss with you the health and human service aspects of homelessness.

Most of those who work closely with homeless persons in this country understand that the phenomenon of homelessness is complex and its solution is multi-faceted. The notion that unmet health, educational, and psychosocial needs contribute to homelessness was recognized in the crafting of the Stewart B. McKinney Homeless Assistance legislation. Six of the McKinney Act programs provide food and shelter assistance while 8 of them provide health, mental health, job training, and other social services for homeless persons. The McKinney Act's housing and emergency shelter components, however, have received far stronger funding support from Congress than have the health and human services programs, which remain desperately underfunded. These programs this year are struggling for enough funds for Congress to continue providing current services. Yet the health and human services programs provide more than bed and board—they provide the health and rehabilitative services needed to help homeless people stabilize their lives and make a successful transition to housing.

There is no real debate about the fact that the lack of affordable housing is a major factor contributing to homelessness in many communities. But greater availability of affordable housing is only a partial answer. Homeless people are undeniably among the most devastated victims of poverty. Many of them lack sufficient education and job skills to compete in the market place for decent paying jobs. Sporadic, minimum wage employment does not provide them with enough money to rent apartments in most communities. Many homeless people have acute and chronic mental illnesses or substance abuse problems that must be treated as part of a transition to stable housing. Most of them have serious untreated health problems, no public or private health insurance of any sort, are shunned by traditional health care providers, and avoid seeking health care from traditional institutions until an emergency arises. Several case illustrations of the role of health and social services in addressing homelessness and its corollaries can perhaps best demonstrate these points.

The first two are from the Washington, DC Health Care for the Homeless Project:

A family had lived in the Pitts Hotel in Washington, DC for over several months, and finally was placed in Jubilee Housing—designated apartments for homeless families who are victims of poverty where social and health services are available along with housing. The mother was found by a health care for the homeless physician to be extremely hypertensive and have many gynecologic problems that had to be addressed before she could be more functional. The children were behind on immunizations and had missed much school. The family was isolated from a social support system of any sort. The family needed health care, tutoring for the children, job training, and a positive social support network in order to succeed in the transition from homelessness. Housing alone was insufficient.

A man who is an alcoholic had been living sporadically on the streets for many years. He finally vomited blood and was sent to a hospital emergency room for care. Thinking, he might have a malignancy, he was sent to Christ House, a respite care facility where homeless persons can recuperate and be

monitored. There he received needed social and medical services, some alcoholism treatment, and a supportive network. He has been dry for 1 year. He is working full time and now rents his own room. He volunteers regularly at Christ House where he found a sense of family. He has been able to begin reestablishing a relationship with his brother in another state. He is on his way back. Housing alone was not the answer.

A physician for the New York Children's Health Project, a McKinney-funded Health Care for the Homeless Project, encountered the following:

An 11-year-old boy was examined at a congregate shelter for unattached homeless youth. He was said to be doing poorly in school. To the astonishment of the physician, the boy had no palate—he had lived for 11 years with an untreated cleft palate—almost unheard of in a developed country. His parents were both in jail on drug-related offenses. The needed health and social services are now being provided via the McKinney Health Care for the Homeless program but the intervention is late in coming.

A 2-year-old child of a homeless mother living in a welfare hotel was examined by the Health Care for the Homeless project for poor language development, and was found to have chronic untreated ear infections. He had not been hearing well during the critical language development period of infancy and faced the prospects of going to school with poor speech and labeled as developmentally deficient. Detection of the problem at age 2 was late, but ongoing primary health care is now being provided.

These cases are typical of the kinds of health and social service needs that accompany homelessness. In summary, I would like to briefly share some information from the first year's operating experience of the 109 McKinney-funded Homeless Care Projects:

The projects reached over 231,000 homeless patients in their first year of operation, exceeding their goal of reaching 200,000 people.

Forty percent of those served were children and their parents living in family status or homeless youth.

Sixty percent of those served were minority.

Fifteen percent were children aged 0–14; and most of the conditions for which they were treated are preventable through good primary health care and safe, stable living environments. In the Cornell Medical Center's New York Children's Health Project, a McKinney-funded project, only 28 percent of the children aged 1–2 were documentably up to date in their immunizations.

Fifty-six percent of the homeless persons served by the health care for the homeless projects nationally received no public benefits of any sort despite their extreme indigency, while only 21 percent were reported to receive or be eligible for Medicaid.

During 1988, the Health Care for the Homeless Programs recorded 783,000 patient encounters. Forty-three percent of the clients received primary care services, 4 percent received mental health care, 17 percent received case management and social services, 4 percent received dental care, and 6–10 percent received substance abuse services. Clearly, a comprehensive approach is essential in serving homeless people.

Solutions to homelessness will entail:

More affordable low cost transitional and permanent housing with attendant social and health services for various subpopulations of the homeless;

More housing with attendant health/social services for HIV-positive homeless patients who are medically sick and discharged to emergency shelters which are inappropriate places for their care;

Comprehensive health and health services programs that assist the whole person or family; some of the McKinney Act programs already provide such effective models and deserve to be fully funded by Congress as requested by the administration;

A federally-established guaranteed living wage and increased wages for temporary workers;

Accessible multidisciplinary health care for all homeless persons, including single adults, for most of whom there is currently no health insurance of any sort.

Mr. Chairman and Members of the Committee, I deeply appreciate the opportunity to present this information to you today. I will be happy to answer any questions.

The CHAIRMAN. Thank you, Ms. Mitchem.

Senator METZENBAUM. Excuse me, Mr. Chairman. I am going to excuse myself, because I want to go back to the Floor. There is a matter on the Senate Floor that I think deserves my attention.

But I do want to say that it upsets me that with no fanfare, we were able to find $1.1 billion for those who have been affected by the hurricane in South Carolina, the Virgin Islands and Puerto Rico—I really have no quarrel about that; if that is the amount needed to help those people, that's fine. But I have to also say that if we can find $1.1 billion all of a sudden available within the budget or out of the budget, or however they did it, with hardly a peep from anybody, without any hearings or anything, we can certainly find the funding to help the 3 million homeless in this country. It does disturb me as I sit here and you tell us these stories about the homeless, and I think about the reality of how easy it is to get money under certain circumstances and how difficult under others.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Metzenbaum.

Lisa, we'll hear from you.

Ms. MIHALY. Chairman Kennedy, my name is Lisa Mihaly. I am a Program Associate of the Children's Defense Fund, and I am pleased to have the opportunity to testify today on behalf of the Children's Defense Fund about the needs of America's homeless families and children.

Certainly the unbearable conditions that these children and families face can be seen right here in the Capitol, and I would like to start by sharing a story about a family living here in the District last winter.

Barbara had worked for a Government agency as a clerk for about 7 years. She had two children, and she was 3 months pregnant. Her older children was enrolled in a Head Start Program, but she wasn't able to find any kind of regular child care for her younger child, and she relied on a combination, as many families do, of friends and relatives from day to day. She often missed work or was late for work when that day's arrangement fell through, and eventually her supervisor, who had tried to be understanding, told her that if she didn't come to work every day on time, he was going to fire her. And she decided that for her pride, she preferred to quit.

So she quit her job and realized immediately that she couldn't keep up her rent payments, so she went to apply for AFDC, which she thought would help her out. She was refused assistance because the Government computer showed that she still had a job. And eventually, without any income at all, she became homeless.

This is what her day was like one she became homeless. This was last winter when the District was sheltering homeless families in a school gym about 10 blocks from here. At 5:30 in the morning, a worker banged on the wall of the cubicle that had become the family's home. She and her children shared one bed in that cubicle. At 7 in the morning, a bus took the family all the way across town to a welfare hotel where they had breakfast, and after breakfast she took her older child to the Head Start Center on a public bus and took the younger child back to the hotel with her, where they es-

sentially sat in the hallway with nothing to do all day long. It was cold, they couldn't be outside, and there was really no place to play and no place for this child to take a nap.

At the end of the day, they went back to the Head Start Center to pick up the older child, back to the hotel for dinner, and got on a bus to go back to the gym for the night.

The lights went out in the gym at about 9 p.m., but a lot of the kids were still awake. Many of them were afraid of the dark and cried in the night, and none of the members of the family were able to get much sleep.

You can imagine if you spend your entire day travelling from one side of town to the other on public buses or private buses, just trying to feed yourself and your children, that it would be very difficult to find a job and a place to live. There were social services and no supports that were available to help this family out.

That family in Washington was part of the fastest-growing segment of the homeless population nationwide, as I'm sure you have heard many times. Those children were among the over 100,000 American children who are estimated to go to sleep homeless every night.

Homeless families are families who can't afford a place to live. They are poor. Many of them are headed by single parents, and a lot of them are those without any family or friends to turn to when things get rough.

Unfortunately, record numbers of children are experiencing the horrors of homelessness, and more families are homeless today than at any time since the Great Depression. Homeless families are now estimated to make up at least one-third of the homeless population nationwide.

I don't think it is an exaggeration to say that the well-being of our next generation is being jeopardized by homelessness, and the growing child poverty, which is its early and basic underlying symptom.

Homelessness devastates every aspect of a child's life. In many cases, services and supports to the family and to the children could help to mitigate some of the damage that will be done to them by that horrible lifestyle.

Homelessness, as you heard before, endangers children's health throughout their entire childhood. Homeless children are often exposed to unsafe and unsanitary conditions in shelters, and those dangers are combined with a lack of access to regular health care so that common childhood ailments like ear infections become very serious and sometimes life-threatening illnesses before they are treated.

Homelessness hurts children's mental health, as it isn't hard to imagine. Half of the children interviewed in a study conducted by Dr. Ellen Bassuk up in Boston found that they were clinically depressed. Homeless parents in numerous studies report that their children have regressed developmentally; they lose vocabulary, they lose age-appropriate behaviors and retreat to behaviors that are not age-appropriate.

Many of the children report serious anxieties, nightmares, eating disorders, they stop eating, they eat too much. They are clearly distressed by their situations.

Parents and children alike suffer from a lack of privacy in shelters, as did the family that I described to you. They are deprived usually of any kind of place for normal family interaction. The parents are depressed, and children are often very confused by the prospect of someone else deciding what and when the meals will be, when the lights will go out, how the parents can discipline their children, and when the children can play.

Last winter, many homeless families in the District were sheltered like the one I described, at a gym, with cots and no walls and lots of noise all night long. I think we can all imagine what it would be like to share a bed night after night with a 2 year-old child.

Homelessness interferes with children's education. Children moving from shelter to shelter often have to move from school to school. Despite the best efforts of many States to use the McKinney funds to rectify some of those problems, those kinds of movements are still going on for lots of kids.

Homeless kids, even if they can get to school, suffer there because their lives often mean that they come to school tired, hungry, anxious and unprepared. Doing homework is often impossible for a child whose family's whole lives take place in one room, with one bed for the parents and the children to share.

Sometimes homeless children are still kept out of school by residency requirements, by the lack of proper documents, like birth certificates, and by transportation problems.

Family unity itself is often threatened by homelessness. The stress experienced by homeless families can lead to increased domestic violence involving both women and children. Sometimes homeless family members are separated from each other by shelter rules which accept only women or children under a certain age, and in communities around the country, we are hearing that homelessness and other housing problems are resulting in the placement of children into out-of-home care and delaying their return home from such placements.

As you heard several times earlier, the increase in homelessness we think was inevitable, given what has happened in Federal funding for low-income housing as rents went up and families got poorer. The remaining assistance is very far from being able to meet the need, and today only about one-quarter of all low-income households get any Federal assistance with their housing costs at all.

Families are homeless because they cannot afford a place to live. If you are a family on AFDC, in 32 States, the entire AFDC grant was less in 1988 than the cost of a 2-bedroom apartment in that same community. Even if you are a working poor family, living at the minimum wage, according to a recent study, in no State is that wage enough to afford a modest-priced apartment on 30 percent of your income.

What happens to families spending more than 30 percent of their income on rent is that they leave themselves very vulnerable to homelessness. Young single parents today spend an average of 81 percent of their income on rent. If their rent goes up or their job is temporarily stopped or they have an unexpected expense, those families have no safety net of their own.

Many more families are living doubled up, trying to maintain a stable home without entering the shelter system. Unfortunately, we are seeing that those arrangements are not very stable. Many homeless families in shelters report that the last place they stayed was on a friend's couch or in a relative's home.

I think that if we are going to solve this problem, we have to maintain a conviction, and we have to encourage other people to be convinced that we can and must eliminate homelessness for families. The key elements of any policy have to be increased affordable housing, increased income for poor families, and strengthened services and supports for those families who need them.

We will not solve the homelessness crisis without facing up to the housing crisis, but we also won't help homeless families if we don't think about the services and the supports that could prevent homelessness in the first place, or help them resettle in permanent housing.

For example, families at risk of homelessness solely because of economic reasons can also be helped with short-term loans and grants. Community-based programs can identify these families before they fall out of the housing market and help them to stay in their homes.

Poorly-housed and homeless families both need access to programs and service for which their poverty already qualifies them or should entitle them even if it doesn't. Extra efforts have to be made by everyone responsible for programs like food stamps and WIC and Head Start and Chapter I to make sure that homeless families and their children are not kept out of those programs by access barriers. These are programs, as are child care programs and job training programs, which can follow homeless families back into permanent housing and help them to maintain their stable homes.

An example of a program in the District, you may have seen a lot of publicity about a program called "Conserve", which takes programs from the shelters in the District, homeless families, and provides them with comprehensive social services attached to permanent housing. They help the families find places to live, and they follow them up with transitional services. That program has been incredibly successful. It costs the DC Government about $765 a month, which is compared with the $3,000 a month that we pay to keep kids in places like the Capital City Inn.

Comprehensive community-based programs, the old-fashioned "settlement house", are coming back. They are helping to identify families in need, and they are serving as social support systems for families whose own social support system is weak or not able to help them with their needs. Those programs often serve best by linking families with the services and the assistance that they need to stay in their own homes or to return to stable homes.

For families with special programs like mental illness or substance abuse or domestic violence, comprehensive services again can help them to maintain stable homes. Whenever possible, services for those families should be provided to them in stable settings, preferably in their own permanent housing, so that they can begin to rebuild their lives and stay there once they immediate crisis is past.

I think that it is important, as Freda said, to look at the whole package. We have to keep talking about housing, but I think that you are right to turn your attention as well to the need for services and supports that can help families to stay as stably-housed as possible.

Thank you for taking the time to look at the needs of these families, and we look forward to working with you as you develop policies to make sure that every family and every child has a place to call home.

[The prepared statement of Ms. Mihaly follows:]

Prepared Statement of Lisa Mihaly

How Many Homeless Families Are There?

Homeless families now make up about one-third of the homeless population nationwide. Communities around the country report that families are the fastest growing segment of the homeless population.

Estimates of the total number of homeless people range from 250,000 to 3 million; estimates of the number of homeless children—many derived from these national figures—range from 68,000 to 700,000. The National Academy of Sciences estimated in 1988 that 100,000 children go to sleep homeless every night. Families are especially hard to count for a number of reasons: Many parents are afraid that admitting to homelessness will result in the placement of their children in foster care; families often avoid traditional shelters where they would be counted, staying instead in cars or campgrounds; and family members separated by homelessness are missed in counts of homeless families.

How Does Homelessness Hurt Families and Children?

Homelessness devastates almost every aspect of a child's life, doing damage, the long-term implications of which are still unknown.

Homelessness endangers children's health throughout their childhoods. These children often are in unsafe and unsanitary conditions in shelters. In addition, most are denied access to a regular source of health care, so that common childhood ailments often become serious illnesses before they are treated.

Homelessness hurts children's mental health and deprives parents and children of the privacy they need for normal family interaction. Half of the children interviewed in a study conducted by Dr. Ellen Bassuk, now with the Better Homes Foundation in Newton, Mass., were clinically depressed. Homeless parents in numerous studies report that children regress developmentally, losing age-appropriate vocabulary and behavior. Homeless children often experience serious anxiety, nightmares, and eating disorders.

Homelessness interferes with children's education. Children moving from shelter to shelter often have to move from school to school, a traumatic experience even for children with otherwise stable lives. Homeless children come to school tired, hungry, anxious or unprepared because there is neither peace nor space to do homework. Sometimes homeless children are actually kept out of school by residency requirements, the lack of required documentation or transportation problems.

Family unity is often threatened by homelessness. The stress experienced by homeless families can lead to increased domestic violence, involving both women and children. Sometimes homeless family members are separated from each other by shelter rules which accept only women and children under a certain age. And communities around the country report that homelessness and other housing problems are resulting in the placement of children into out-of-home care and the inability of children to return home from those placements.

Why Are Families Homeless?

The increase in homelessness has been inevitable, given the Federal Government's cutbacks in housing subsidies while rents soared and poor families got poorer. Since 1981, the Federal Government has cut housing assistance for low-income families by over 80 percent. The remaining assistance is far from meeting the need: Only one-fourth of all poor households, and one-fifth of all AFDC families, receive Federal housing assistance.

Families are homeless because they cannot afford a place to live. Poor families' incomes have fallen so low that they cannot afford even the minimal housing available. In all but 4 states, the amount that the Federal Government estimates is

needed to rent a modest 2-bedroom apartment is more than 75 percent of the 1988 AFDC grant for a family of 3. In 32 states, the entire AFDC grant for a family of 3 was less than the cost of a 2-bedroom apartment. The situation is not much better for working poor families according to the National Low Income Housing Coalition, in no State is a minimum wage income sufficient to rent an apartment for the recommended 30 percent of family income in 1989. In many States housing becomes affordable only when a family earns more than 4 times the minimum wage.

Low-income families without access to housing assistance are spending most of their incomes for housing, leaving them very vulnerable to homelessness. Almost half of all poor renters spend over 70 percent of their incomes for rent; young single parents spend an average of 81 percent of their incomes for rent. Any crisis—an uninsured illness, a rent increase, or a temporary layoff—can push these families over the edge into homelessness.

Most families exhaust every possible option before approaching the formal shelter system. Nationwide, growing numbers of families are living doubled-up. Between 1970 and 1988, the portion of children living in doubled-up households—with relatives, friends or strangers—rose by over 60 percent. But doubling-up is neither stable nor permanent for many families. One-third of the homeless families interviewed in separate studies in California and Pennsylvania had come to the shelters from friends' or relatives' homes where they could no longer stay.

Families without strong support systems are especially vulnerable to homelessness. Several studies show that families without friends or family to rely on in times of need are particularly likely to become homeless. Dr. Bassuk found, in a comparison of poor housed and homeless families, that the homeless mothers were over 7 times more likely than the housed mothers to name a child as their major emotional support, while the housed mothers were 3 times more likely to name at least 3 adults they could count on.

What Can Be Done?

Homelessness can be eliminated. The key elements of any policy must be increased affordable housing, increased income for low-income families, and strengthened services and supports for families at risk of homelessness.

Families at risk of homelessness for solely economic reasons often can be helped with short-term loans and grants. Community-based programs can help identify these families *before* they lose their homes.

Efforts should be made to link homeless families with all available programs and services such as WIC, Food Stamps, Head Start and housing subsidies. These programs should continue to provide needed assistance after the family is resettled in permanent housing.

More comprehensive services will be needed by those families with special problems such as domestic violence, mental illness, or substance abuse. Whenever possible, services should be provided to such families on an ongoing basis, while they are in permanent housing, to create as much stability as possible for both parents and children.

The CHAIRMAN. Those were very good statements from both members of our panel.

Let me ask you, if you would, as to the types of services you are really talking about. I think you have referred to them in the course of your testimony, but maybe you could just tighten that up a little bit for us for the record. What is the range of different kinds of services that you are talking about?

Ms. MIHALY. I think it varies from family to family. It is hard to generalize because what we see when we look at homeless families is essentially the same kind of constellation of needs that you would see if you looked at all poor families.

Some of the very basic things that have been raised by a lot of providers around the country are the need for services like basic health care, access to decent nutrition, child care so that children can be in enriched programs like Head Start if that is needed or even simply so that the parent can hold down a permanent job. Sometimes parents need job training or G.E.D. education. And of

course, there is the income—parents need enough income to be able to live in the housing that is available to them.

The CHAIRMAN. What is the long-term effect of homelessness on children?

Ms. MIHALY. I think I am pleased to say that we don't know yet. It is really only probably in the last 5 years that people have begun to look at homeless children as a separate population.

When we look back at studies that have been done of children dislocated by other kinds of problems—migrant children, children who have suffered the trauma of separation from their parents because of war or abuse—the outlook is not very good. These are kids who—I should say if the families are stabilized quickly, and the parents and children, if that is appropriate, can be placed back together in a stable home, our sense is that those children will be able to recover the time that has been lost both in terms of development and in terms of health problems or school problems that have developed.

If the homelessness goes on for a long time and stability is never regained, we don't know what the long-term effects can be, but I would be safe to guess that they won't be very good.

The CHAIRMAN. Could both of you comment on the changing description of homelessness—as I understand, it increasingly includes families, particularly with children, which you have both described. Could you give us some idea about how this whole population has altered and changed in the last, say, 2 or 3 years, and what you see happening down the road?

Ms. MITCHEM. Well, I might just say that the actual demographics of homelessness varies from community to community. Some States or cities tend to have more family homelessness; some tend to have more the traditional male alcoholic kind of situation. It depends on the availability of housing in that community, on the economy in that community and what is happening, so we can't really generalize. For instance, 40 percent of the people the Homeless Health Project served were kids, their parents, or runaway youth, nationally; but in a given project, the balance might be much different in terms of homelessness in that community.

I think it is safe to say that there are a lot more displaced families who, for longer periods of time, cannot find adequate housing. And when that happens, they live in shelters, they live in cars, they live in campgrounds, like they do outside of Phoenix; in rural communities, they live in shacks, they live in pickup trucks with things over the back because they are too proud to try to seek help, or there is nothing in the rural area for them to go to to seek help. And that phenomenon is clearly increasing.

We also see an increase of minorities among the homeless population. There is no question—60 percent of the people we served this year were members of minority groups; 40 percent were black. And that is a certainly a higher percentage than in the general population. Part of that is because the incidence of poverty is higher in those groups, and I think part of it is because we do such a poor job particularly with the minority males in this country in terms of what we offer them for opportunity, and many of them simply fall out of the prison system or fall out of the foster care system or fall out with various kinds of disabilities and add a sub-

stance abuse problem on top of it, and end up burgeoning the homeless population.

We see in the Homeless Health Care Projects a fair amount of mental health problems, but we see more acute mental health problems associated with homelessness than we do chronic mental illnesses, and we see more substance abuse, we do believe, than we see mental health problems.

The CHAIRMAN. Ms. Mihaly.

Ms. MIHALY. I was one at a very stuffy conference where an academic went to the blackboard, and everybody in the room got their math anxiety way up, and she drew a line across the middle of the board and said, "Now, if the top number is the number of poor families and the bottom number is the number of low-income housing units, and the top number is bigger than the bottom number, then you are going to have homelessness."

Now, clearly, that's an oversimplification, and we have spent all morning talking about the other kinds of issues that are out there. But I do think that when we look at the recent growth and attention to homeless families among the homeless population, a population that was traditionally seen as people who were mentally ill, who were dislocated and disassociated, the fact that families have gotten much poorer over the last 10 years and that affordable housing has gotten much scarcer has to be at the top of our attention list because even if you move, then, to look at the other problems that families have, I am not convinced that most of those problems could not be dealt with while the family was in permanent housing or even that those problems directly caused homelessness.

If you have a mother who is being badly abused by the father of her children, and she leaves the home with her kids in tow and goes looking for a place to live, can't find one, and ends up in a shelter, I think it is fairly safe to say that inadequate income and inadequate housing are really at the root of that family's homelessness, though certainly they may need help dealing with the domestic violence problem if they are going to maintain a stable life once they have left or if they choose to return to the home.

I think that the attendant needs of families which are being described and discussed, and which are important, we always have to continue to look at those in terms of how to help families get back to permanent housing.

The CHAIRMAN. I understand that we are seeing a rather distressing and disturbing escalation in the reports of both child abuse as well as parental abuse by children, a phenomenon with which I probably should be more familiar, but am not.

I note Senator Durenberger is here. We have had two very excellent witnesses. The light is on, so we are going to have to go over in just a few minutes to vote. But we have had excellent testimony from these two witnesses and the previous panel about homelessness and also the importance of interconnecting services and what that can mean.

I was just questioning the panel regarding the rather dramatic increase in reported child abuse, which a lot of people believe is the result of the whole crack phenomenon, and of parent abuse. Are you seeing this as well? Is this noticeable in terms of the trends that you are picking up among homeless people?

Ms. MIHALY. There is a lot of concern about child abuse among the homeless family population. I find it very hard to get a handle on exactly how fast that problem is growing or how much more prevalent it is among homeless families, because homeless families really live in a fishbowl. They live in conditions where everybody can see everything about how they talk to their children, which is not true of most families. So, not to underestimate by any stretch the severity of child abuse in many cases, but I do think it is important to be a little bit cautious about who we are looking at. I certainly do think it is true, though, and we have heard a fair amount about the stresses that homelessness places on families and the increase in both child abuse and domestic violence against women among families who are living in homeless shelters or living in their cars under incredibly stressful conditions. So that is certainly something of concern to us.

The CHAIRMAN. Freda, would you like to add anything?

Ms. MITCHEM. Yes. I might just say about that that one of the reasons that the specialized outreach kind of teams that are available through the McKinney Act are needed is that homeless families fear the system. They are afraid to take their kids in to regular, ongoing health care or into the welfare department and a lot of other places to seek help—sometimes because they have a substance abuse problems and are afraid that their kids will be taken away from them.

And one of the things that we find with the kind of outreach teams that are available under McKinney is that when we go to homeless families or homeless people in general, there is a greater trust level that we kind of establish by going out to them to try to help them work out their problem. But there is no question that we are seeing the ugly overlay of crack on a lot of things that we deal with with homeless families and homeless people in general. It is a major problem, and no one knows a lot about how to treat it.

The CHAIRMAN. OK. Well, we want to thank you very, very much. Your testimony has been very helpful.

In the legislation that we were able to pass this last week, we did provide additional money for children's services and also for expectant mothers, and also some funding for the training of some additional personnel—and I expect that to be accepted by in the House. It is woefully little in terms of funding, but I hope you will watch that and keep in touch with us as to whether it is getting out to those who need it and serving a useful purpose. Hopefully, we will identify additional resources that can assist in some of the problem areas that you have identified here today. So I hope you will continue to let the committee know about the types of additional services and programs that are needed.

Thank you very, very much.

The committee stands in recess.

[Whereupon, at 11:12 a.m., the committee was adjourned.]

HOMELESSNESS PREVENTION AND COMMUNITY REVITALIZATION ACT OF 1990

WEDNESDAY, MAY 9, 1990

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m., in room SD–430, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Metzenbaum, Dodd, Simon, Adams, Hatch, Coats, Jeffords, and Durenberger.

OPENING STATEMENT OF SENTOR KENNEDY

The CHAIRMAN. We will come to order.

Our hearing this morning is on the Homelessness Prevention and Community Revitalization Act of 1990, and I will include my full statement as if read in the record.

[The prepared statement of the chairman follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

It is a privilege to join my colleagues in Congress and our distinguished guests who are here to support this new initiative for the homeless.

In the past decade, we have witnessed an unconscionable increase in the number of homeless men, women and children in every section of the country. While the experts argue over the exact number and the precise cause, the tragedy continues to worsen. Homelessness is now one of the most serious challenges facing our Nation—and our efforts to meet it have been shamefully inadequate.

The Stewart B. McKinney Homeless Assistance Act, enacted in 1987, was a first step designed to provide short-term, emergency assistance to those in need. The legislation we are introducing today is intended to help us move toward a longer term solution capable of preventing further increases in homelessness and dealing more effectively with the crisis that now exists.

The bill authorizes a total of $265 million next year for vitally needed support services and social service networks to assist those whoa re homeless today, and to prevent others from joining their ranks tomorrow.

According to the best estimates, as many as two million Americans are homeless today. But this calculation does not begin to describe the dimensions of the problem.

Families, especially young families with children, are the fastest growing group among the homeless today. The number of homeless families doubled over the last decade. Title I of the bill provides $100 million in essential family support services such as health care, child care, early childhood development, parent counseling and efforts to address the devastating effects of violence plaguing our low income communities. The primary goal here is to help homeless families find permanent housing, and to make it possible for families living on the edge to take the steps that can keep them from becoming homeless.

Another group at risk of losing their homes and independence are those suffering from illnesses or physical disabilities. Often, with appropriate support services, the frail elderly, people with HIV infection, and people with physical disabilities, and others with chronic conditions can avoid homelessness or institutionalization. Title II of the bill provides $100 million in comprehensive home-based services such as home health care, nursing care, part-time attendants, meals and transportation to assist those who can remain at home but who need a helping hand.

Perhaps the best known cause of homelessness is mental illness. In this case, the road to the present crisis has been paved with good intentions. In recent years, large numbers of the mentally ill have been released from State mental hospitals in an attempt to reduce unnecessary and often cruel institutionalization. Part of the promise of that reform, however, was broken. Needed outpatient clinics and half-way houses in the community were never established. Title III of the legislation begins to redeem this promise by providing $15 million for demonstration programs in group home settings, that provide comprehensive mental health care services, drug and alcohol abuse counseling, and job training for the homeless.

Finally, the root cause of homelessness is the lack of affordable housing. Separate legislation pending in the Senate and House Banking Committees will expand the supply of affordable housing. The measure we are introducing today provides $50 million to enable Community Development Corporations to develop greater expertise in building and operating such housing.

Homelessness is not inevitable in the United States. It is time we stopped acting like it is.

Today's hearing is on the Homelessness Prevention and Community Revitalization Act of 1990. Our witnesses are distinguished expert and advocates in the fields of homelessness and home—based services to help the homeless.

America's policy towards the Homeless is at a crossroad. Three years ago, Congress enacted the Stewart B. McKinney Homeless Assistance Act. Although the law has never been fully funded, it has provided worthwhile assistance to large numbers of homeless men, women and children across the country. That legislation, however, is only an emergency response. What we need is a longer term approach to deal more effectively with the underlying prob-

lem, so that we can reduce homelessness and have a chance of eliminating it in the future.

The measure before us provides a total of $265 million dollars a year in grants to public and private agencies. $215 million will be available to deliver essential social and health care services for individuals in subsidized housing and low income neighborhoods. These grants will be used to provide on-site help to at-risk families and individuals before a crisis occurs. The legislation also includes $50 million in grants to Community Development Corporations to assist their efforts to expand the supply of low income housing.

The most obvious cause of homelessness is the lack of affordable housing. Over the past decade, Federal funding for the construction and operation of low income housing has declined by 80 percent. Simultaneously, the Federal Government has irresponsibly slashed the social programs that constitute a safety net for the most vulnerable citizens.

Housing alone, however, is not enough. We must provide support services to go with it. We must assist those with special needs, including health care and mental health care, education, transportation, and family counseling. These are the services that will make it possible for many homeless Americans to leave the shelter system and find permanent housing. We need more of these services and more of this housing throughout the country.

Stop-gap efforts are not enough. We have built shelters and provided street-based services. Where we have failed to help is in the transition between short term shelter and permanent housing. For many of the homeless, a little extra help can make all the difference in enabling them to live independently.

With a helping hand, the homeless single mother with young children, the mentally ill individual, the frail elderly widower, the person with AIDS, can escape the plight of homelessness that traps them today. The McKinney Act is a first line of defense. But if the current trend continues, the Nation will be condemned to accept homelessness as a permanent condition, and that is unacceptable. We need to do more to prevent homelessness and address its causes, instead of simply pouring more and more resources into the treatment of its symptoms.

It is a State and local crisis, but it is a Federal crisis too. The Federal Government has a role to play in providing seed money for services for those who cannot live in subsidized housing without a helping hand.

It is time for Congress and the Nation to move beyond emergency measures and work to end chronic homelessness. If we do not act now, the crisis will be worse tomorrow. And that is a tomorrow that none of us can accept.Our first panel today includes the hosts of Comic Relief, Robin Williams and Whoopi Goldberg. Billy Crystal was also scheduled to be here, but unfortunately he is ill and unable to travel. We send our best wishes to him. Comic Relief is a non-profit organization of actors and comedians dedicated to raising money to assist the homeless through support for the National Health Care for the Homeless Program. Since 1986, Comic Relief has distributed $8.7 million which has provided health services to 250,000 homeless people in 23 cities. Accompanying our guests from

Comic Relief is Connie Perez, an Outreach Worker with the Children's Hope program in California.

The CHAIRMAN. Just a short time ago, we had a press conference here in this room where we heard from a number of our colleagues, both on this committee and also Congressman Kennedy as the principal sponsor of this legislation in the House of Representatives. We are also fortunate to have Whoopi Goldberg and Robin Williams with us for our hearing. Ms. Goldberg and Mr. Williams are extraordinarily talented individuals who are willing to give of their time and their energy in order to make a difference in terms of the problem of homelessness.

This legislation contains the authorization of some $265 million in Federal funds, but all of us who have been on this committee know it is a combination of public and private efforts that really addresses an issue. Comic Relief's involvement and their commitment on this issue, I think, is a demonstration of public service at its best.

We are very lucky to have them, and Connie Perez and Monique, who are going to be probably more eloquent on this subject of homelessness than any of us. We are very glad to have Connie. We don't know whether Monique is missing class here today, but we hope that she will feel free to chime in any time when her mother makes that presentation. And I know it is going to be a special honor for Robin Williams to introduce Connie and her daughter.

This legislation, as I indicated, is bipartisan in nature. Senator Hatch has been enormously committed and constructive in shaping it. I recognized at the press conference the work of Senator Coats, who has been very much involved in the shaping of the legislation, and introduced legislation similar to Title I in the House of Representatives a number of years ago. Senator Coats has also been helpful in developing our witness list today. We are also glad to have Senator Metzenbaum, Senator Adams—Senator Dodd was here earlier—all of whom are strong supporters of the legislation.

So with that brief opening comment, I will recognize Senator Hatch.

Senator HATCH. Thank you, Senator Kennedy. I am pleased that you have called this hearing this morning to hear the views of these excellent witnesses. In particular, I want to welcome the members of Comic Relief. I think your efforts and your commitment have been very, very important. I think that it is important for the American people to see what you have done to highlight this issue and the problems people really have in our society. I think your work on Comic Relief has brought both hope and charity into the lives of many who would not otherwise have seen any of either. We are grateful to you.

I also want to welcome Connie Perez and her beautiful daughter, whom I met before the hearing. We are very happy to have you here. Whoopi Goldberg, we are very pleased that you would take time to be here in Washington. We know that it is difficult to do things like this, but we appreciate it.

And I would like to take this opportunity to offer a special welcome to Mrs. Stewart McKinney. I think the leadership of your late husband and your own endeavors have been invaluable in helping the homeless in communities across this country.

I welcome all witnesses to the committee this morning. I have a lot of other things I would like to say, but I would ask, Mr. Chairman, that the rest of my remarks be placed in the record at this point.

[The prepared statement of Senator Hatch follows:]

PREPARED STATEMENT OF SENATOR HATCH

Mr. Chairman, I am pleased to be here this morning to hear the views of these excellent witnesses. In particular, I want to welcome the members of Comic Relief—your efforts and your commitment have helped bring this important issue before the American people. Your work has brought both hope and charity into lives that may have seen little of either.

I would like to take this opportunity to offer a special welcome to Mrs. Stewart McKinney. The leadership of your late husband and your own endeavors have been invaluable in helping the homeless in communities across this country.

The face of homelessness has changed in the last decade. Images of skid row and middle-aged, male alcoholics have given way to some new realities. Many of the new homeless are younger and are ethnically more diverse. The homeless also increasingly include the working poor.

Reasons why these people are homeless are complex. Economic reasons have brought many to the shelters. Some individuals living in shelters are working and yet not earning enough to pay rent; often they lack the education and job skills to successfully compete in the marketplace.

Families in shelters may be there because they are displaced by the rising costs of housing. Stress within the family often is a major reason for homelessness. Family conflict and dissolution, accompanied by a lack of primary ties with family and friends, is commonly found in studies of homeless families.

Another common finding is that roughly 40 percent of the homeless have some type of major mental illness. And, even more homeless have problems with substance abuse, including alcohol and drug abuse. Some homeless people suffer from multiple overlapping problems such as alcoholism and mental illness. As complex as the reasons are for people being homeless, the solutions are as likely to be equally complex and varied.

Recently, Representative James Hansen of Utah shared the story of Vietnam veteran Robert Sarlo of Ogden, Utah. In early 1989, Mr. Sarlo became aware of the growing number of homeless in the Ogden area. In mingling with them, he discovered that the majority of the homeless men were veterans—veterans for whom the war was still mentally raging, while others had abandoned hope and accepted defeat. Bob Sarlo accepted the challenge of helping to get these transient veterans back on their feet. He identified two HUD homes located in Ogden, convinced HUD to grant him $1 a year leases on the houses, and rallied support from local businesses and churches to stock the homes with furniture, clothing, and food. These homeless veterans now receive the counselling and training that enables them to stand on their own.

I commend the chairman for bringing this legislation before us. I do have some concerns about the duplication of programs already underway, and I think it is important that we have an opportunity to assess the programs and changes in entitlements implemented under the McKinney Act and other legislation. Spending scarce Federal resources on the basis of believing someone "may become" homeless would not help the veterans to whom Bob Sarlo reached out and those who are, in fact, homeless.

I appreciate the viewpoints of our witnesses this morning. All of this input is important for the committee's consideration of any legislation intended to assist the homeless in our communities.

Senator HATCH. We are happy to welcome all of you. Robin Williams, I have to say that I am a fan of yours. I have watched you perform, both as a comedian and actor. I thought "Dead Poet's Society" was one of the better movies, and you should have had an Academy Award for it, but maybe you will get it next year.

Mr. WILLIAMS. OK.

The CHAIRMAN. Senator Metzenbaum.

Senator METZENBAUM. Mr. Chairman, I am happy to join you and the other members of this committee in indicating our support and concern with this legislation. There really is something wrong with an America that can find the money to build Stealth bombers which cost something like $500, $700 million apiece, and yet have three million Americans without a place to sleep at night, homeless, walking the streets, sleeping in any kind of hovel—whatever the place may be.

It doesn't speak well for this great Nation of ours, and I think this legislation moves in the right direction. It doesn't solve the entire problem. It works within Congressional limitations.

But the fact is where there is a will, there is a way, and for us, in this very wealthy and affluent America, to be able to walk down the streets of America in all kinds of cities and see people sleeping in doorways and sleeping under bridges—children and their parents having no place to put their heads at night—just doesn't make good sense. It doesn't make it possible for the children to go to school and get a decent education.

So I am very pleased and grateful that persons such as Robin and Whoopi are here today to lend their support and their national image to indicate their concern and share it with the American people.

Connie, we are very grateful to you, of course, and we are particularly grateful to your young daughter for being with us this morning.

This is a move in the right direction. It is not all that we can do and should do, and I hope that it will be the forerunner of even further steps. The chairman has certainly provided the leadership in this area and indicated his commitment, and I am very pleased to work with him in connection with this legislation as well as other bills dealing with the homeless.

I ask, Mr. Chairman, that my entire statement be included in the record.

The CHAIRMAN. It will be included in its entirety.

[The prepared statement of Senator Metzenbaum follows:]

PREPARED STATEMENT OF SENATOR METZENBAUM

Mr. Chairman, homelessness is a desperate situation for three million Americans—three million people. If they are lucky they are living in squalid shelters and welfare hotels. Otherwise they are in the streets, in doorways, parks and bus terminals.

One quarter of them are children. How do homeless children live?—moving from shelter to shelter, only occasionally going to school, receiving health care sporadically, if at all.

We know homeless children do worse in school. The evidence is there. After that, it is all downhill.

Thirty-two thousand people with AIDS in this country are homeless. A few months ago, this committee heard testimony from a man who became ill as a result of AIDS, lost his job, then his apartment, and was so down and out, and depressed, and sick. He had nowhere to turn. He almost took his own life. But he found help. From a private AIDS support group. He was one of the luckier ones.

In New York alone, half the hospitalized AIDS patients are homeless. They can't be discharged. They have nowhere to go. Last year, under the McKinney Act, food stamps, medicaid and other programs, we spent about $800 million on homeless programs.

That's the cost of one Stealth bomber—one bomber. The Air Force wants 129 more. For $15 billion, we could put every homeless person in this country in his or her own apartment. We could repair every vacant and run down public housing apartment in this country, and still have money left over to build some new ones.

Instead, we are going to spend four times that amount giving the Pentagon a new toy fighter plane, to go with the new toy bomber.

Here's another one—the Air Force is buying a new missile that everyone knows does not work. It's called the AMRAAM—the program will cost $7 billion.

According to the National Conference of Mayors, that money would buy 700 new community health centers to serve 6.5 million more people. It would provide 320,000 pregnant women free prenatal and well-baby care.

It would provide every child in the United States immunization against childhood diseases.

All for the cost of a throw-away missile—that doesn't even work! It is time we got our priorities straight.

We are going to cut this ridiculous defense budget, and start taking care of the people who need our help.

The CHAIRMAN. Senator Coats.

Senator COATS. Mr. Chairman, I also want to thank you for not only calling this hearing, but for working closely with my staff, having your staff work closely with our staff in developing what I think is a very positive approach to a complex problem.

Too often, we have attempted to deal with social problems in a fragmented, single approach, where we know that the problems are complex and multifaceted. And in order to address that, I think the idea of getting to some of the causes of the problem and using a multifaceted, coordinated approach to delivering these services is very positive. So I look forward to continuing to work with you and

your staff as we advance what I think can be very important legislation.

I will ask that my full statement appear in the record.

The CHAIRMAN. It will be a part of the record.

[The prepared statement of Senator Coats follows:]

PREPARED STATEMENT OF SENATOR COATS

Mr. Chairman. The legislation which is the subject of this hearing today is of critical importance because it calls into question the way our government—Federal, State and local—delivers services to those who are most in need of help, and who are especially at risk of homelessness or institutionalization.

As I believe we all recognize, for too long governmental policies toward this at-risk population have dealt primarily with the symptoms of homelessness and family disintegration without paying close enough attention to the causes.

Moreover, not only have such policies dealt primarily with symptoms, they have also been delivered in an ad hoc, fragmented way. It is not uncommon for families who experience very similar environments and who are subject to many of the same social and domestic ills, to be treated very differently when it comes to receiving assistance through Federal, State and local sources.

Of equal concern to me is the fact that many social programs have had only marginal success in actually helping to change the conditions which at-risk families are confronted with on a daily basis. Too often chronic dependence, coupled with frustration as a result of bureaucracy, has been the experience of individuals and families seeking help from well intentioned welfare programs.

The legislation of today's hearing, however, offers some positive steps towards creating a more comprehensive delivery system of social services. I introduced legislation in the House of Representatives in 1988 which likewise attempted to provide a more comprehensive and community based service delivery approach. I believe that the problems that lead to family disintegration and individual suffering are themselves complex. Therefore, it is unrealistic to expect the successful resolution of these problems to be accomplished through single, piecemeal approaches. The "Homelessness Prevention and Community Revitalization Act of 1990" recognizes the need to address such problems as poverty, family crisis, health and mental health services, from a multi-faceted perspective.

Today's legislation contains valuable models which are deserving of strong consideration when we look at reform of our social welfare system. I am concerned, however, that we must look at any new legislation with full knowledge and review of existing programs. While the proposed legislation includes encouraging approaches, we should insure that such steps toward a comprehensive delivery system and the promotion of independent living arrangements cannot be first achieved through the realignment of existing services. I am hopeful that our hearing today will not only recognize the need to provide coordinated services within programs, but the satisfactory coordination of programs themselves.

I am pleased that two witnesses today could come from the Midwest to lend their expertise in commenting on Title I and Title II,

respectively, of the bill. Judy Langford Carter is executive director of the Ounce of Prevention Fund" in Chicago. Legislation which I introduced in the House was partially based on a coordinated human services delivery system which is part of the "Ounce of Prevention Fund" program known as "The Center for Successful Child Development," also known as the "Operation Beethoven" project. I look forward to Mrs. Langford-Carter's review of her program and to the light she will shed on the family support services provisions of Senator Kennedy's bill.

A second panelist, Dr. Robert Saywell, is from my home State and teaches in the School of Public and Environmental Affairs at Indiana University in Indianapolis. Dr. Saywell has enjoyed a distinguished career as an academic and health economist. I know he will add much insight through his analysis of the "home based services" provisions of the bill and will relate his critical assessment of the benefits and issues which this part of the "Homelessness Prevention" act addresses.

Mr. Chairman, thank you for your attention to the needs of providing coordinated human services to the low-income and disadvantaged. I look forward to working with you in this area of legislation and to the insights and recommendations of our witnesses this morning.

The CHAIRMAN. Senator Adams.

Senator ADAMS. Thank you, Mr. Chairman. I had an opportunity earlier this morning to join with you and the others in a brief statement, but I have just one more thing that I really would like to say, and that is to stop homelessness, we have got to prevent it.

I am particularly pleased that Mrs. McKinney is here this morning because we have used the McKinney Act in my city and elsewhere to great effect. He was an old and dear friend and we went through many causes together, and I am so pleased that his name is used in connection with helping people.

Mr. Chairman, I just want to say that out there in our part of the country in one of the most prosperous Nations on earth, beyond the thousand points of light that the President so fondly speaks of, are the faces of 200,000 homeless children. The promise of America is being broken before their very eyes.

We can do better. It is not right that that should happen. We will do better, and I pledge to you, Mr. Chairman, to cooperate with you and the other members of this committee so that we can move this on to the floor.

I welcome our witnesses. Robin and Whoopi, you are very kind to be here with us this morning, but even more important, to lend yourselves to this cause that we are all concerned about.

Mr. Chairman, I ask that my entire statement be placed in the record.

The CHAIRMAN. It will be included in its entirety.

[The prepared statement of Senator Adams follows:]

PREPARED STATEMENT OF SENATOR ADAMS

I am pleased to be an original sponsor of the Homeless Prevention and Community Revitalization Act of 1990. The $215 million in discretionary grants which this bill authorizes to provide social

services to homeless families with young children, homeless individuals with serious health problems, and the homeless who are mentally ill is badly needed.

We have learned that it is not enough to provide a house for a homeless individual or family—although certainly that is critical. We must go further and help homeless individuals secure the social services they need to make a permanent transition to a secure home.

I am particularly concerned about our homeless families—our homeless children. The National Coalition for the Homeless estimates that we have 200,000 homeless children in this country. This is unacceptable in a country as abundant and as talented as ours. The bill before us today will help communities all around the country address the very serious needs of these children and of other homeless individuals that need our help.

I am pleased and proud of some of the local initiatives being undertaken in my home State to help the homeless. One particularly innovative approach to helping educate homeless children is underway in Seattle. It is call "First Place". First Place is a school for homeless children. These children do not know where they will be living from week to week and as a result it is difficult to enroll them in school. Transportation is provided from homeless shelters in the city to the school. For many of these children, First Place is one of the few stable elements in their daily lives. I ask permission to insert into the record a copy of a January 7 article from *Parade* magazine which describes the work done to help homeless children at First Place in greater detail.

The Family Support Centers which will be created as a result of this legislation can help prevent families with children from becoming homeless and it will help families make a transition back from homelessness to more stable environments.

These Family Support Centers will also be a critical link into returning formerly homeless individuals and those on the brink of homelessness to productive and stable employment. A recent study by the Seattle-King County Private Industry Council found many deficiencies in service delivery for homeless individuals and families. Without the kind of comprehensive social service networks that this bill aims to establish, training of homeless individuals for permanent jobs with a future will continue to be very difficult.

I commend the Chairman for his leadership and am pleased to join him in this worthy cause. I hope this committee will act swiftly to approve this bill which is an important and essential element in our fight against homelessness in America.

The CHAIRMAN. Senator Durenberger.

OPENING STATEMENT OF SENATOR DURENBERGER

Senator DURENBERGER. Mr. Chairman, I would like to use my opening statement briefly to make two points; one, to let you and my colleagues know what you probably are already aware of, and that is that Pete Domenici and I, and I think others, have been working on a homeless assistance bill which as the acronym PATH. That is for Projects to Aid the Transition from Homelessness.

In this bill, we are starting out at a $300 million authorization. It would provide block grants to cities and States to provide housing and counseling programs. We have worked very closely with housing and homeless advocacy groups, and with the health groups that have sprung up from people who have committed their lives to helping the homeless.

The purpose is to find the best bridges between the national purpose to end homelessness—the national purpose to provide access to a broad array of health services to people—and the reality that these services and these people can only come together at the local level where they are in competition with people who are all better off for so-called limited resources. And so we are trying to find in that bill, like you and Chris and others in yours, the right bridges. We will be putting this bill in in the next week or so.

Second, just so to say that, in Minnesota, we are not without our problems. We just seem to go after trying to resolve them more quickly. I spent a day last week touring various transition programs. I didn't spend much time in the shelters. I spent my time with some of the people who were in the shelters who are in transition to something else, trying to find out from them what works and what doesn't work, not only in housing, but in health care and in education. And let me tell you that there is no single answer.

I compliment you for this hearing, and I compliment people like Whoopi and others who have been reminding us for a very long time that the problem exists not so much on the grates which we talk about all of the time, but the problem is existing in our front yards and our backyards and our side yards all over America, and it is all people like us. I mean, it has reached up so far now in our society.

In my time in St. Paul and Minneapolis, I wasn't meeting the grate people of Washington, DC. I was meeting a whole lot of regular folk who just can't make it in our society today.

So touching this problem the way you have, Mr. Chairman, and the way our colleagues on this committee have and the way the witnesses have, I think, will be very, very meaningful to all of us. Legislation isn't going to solve the problem, but concentrating our energy on building the bridges that people need built for them certainly will.

The CHAIRMAN. Thank you. I look forward to working with you. I understand that legislation will be introduced in the next week or so. We hope that it will be referred to our committee so we can incorporate a lot of the measures which are included into the Homelessness Prevention Act, particularly those that are focused on the mental health features.

Senator DURENBERGER. Yes, sure I hope that, too.

The CHAIRMAN. So we will look forward either way to working closely with you.

Senator DURENBERGER. Thank you.

The CHAIRMAN. The Senator from Connecticut.

Senator DODD. Thank you, Mr. Chairman. Again, let me express my thanks to you for once again taking the leadership on an important question. This legislation, as I think has been pointed out now by a number of people, is really the culmination of a lot of years of looking at this issue and finally coming up with a proposal

that begins to understand the phenomenon of homelessness in this country, and that is what makes this bill unique in many ways because it really does address, or begins to address the causes of homelessness and recognizes what is happening to people out there beyond just the need of decent shelter or a decent meal. That is why I think this is so incredibly important.

I mentioned at the press conference—and, again, I am not trying to pit the various constituencies within the umbrella of homelessness against one another, but I am particularly concerned about what is happening to kids in this environment.

Again, I think there is a presumption, an unfair presumption, that, as I said at the press conference, adults somehow are responsible for their condition. In many cases, that is not the case at all.

We now know that the fastest growing element within the population of homeless is children—a 40-percent increase. In fact, if you look at the cities, 40 percent or more of the homeless population—you are getting to almost the majority of the homeless population—are children in the cities of Chicago, Kansas City, Louisville, and Philadelphia. Those are the ones we know about.

What these children are losing is not just a nice house or a nice apartment and three square meals a day. They are losing education, they are losing stability, they are losing normal human development, they are losing a secure environment.

The assumption somehow that if you can find a house for those children or find three square meals a day for those children that everything will be okay is false. Whereas if you lose those things—education, human development, a secure environment—you can't replace that. That will have irrevocable damage to these children.

The Homelessness Prevention Act does go after that, and that is what I think is so important about it. It is, in a sense, getting away from the notion that a house or a home is the only answer to homelessness. It would be as much, Mr. Chairman, I think, to say that finding bed for a cancer patient is finding a house the homeless. It is not a cure at all. It may help, but it doesn't even begin to address the underlying causes of this issue. This legislation, I feel, really does for the first time address those underlying problems.

I should have mentioned earlier, of course, with Mr. Williams and Ms. Goldberg here it means a great deal, given their involvement over the years, and Billy Crystal's as well, who unfortunately can't be with us this morning, but certainly deserves to be recognized for his contribution over the years.

But a particular welcome to Lucie McKinney, who is with us here this morning. Brock Adams said it well, but I had no better friend and there was no finer member of Congress from Connecticut in memory than Stu McKinney. Lucie is carrying on in very much Stu McKinney's tradition, something we are very proud of in Connecticut, and her family and their efforts. So, Mr. Chairman, we thank you for involving them as well in this particular effort this morning.

I will ask that the balance of my statement be put in the record.

The CHAIRMAN. It will be so included.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Mr. Chairman, members of the committee, distinguished guests, I am very pleased to be here this morning to express my enthusiastic support for the "Homelessness Prevention and Community Revitalization Act of 1990." This important legislation is an innovative and cost-effective approach to prevent homelessness. The prevention of homelessness, may well be the best means of remedying it.

We are all familiar with the scope of the problem as well as its rate of growth. The Urban Institute estimated that the homeless in March 1987 numbered between 500,000 and 600,000—about double the figure reported by the Department of Housing and Urban Development in 1983. Estimates from the National Coalition for the Homeless are far higher.

What we sometimes don't appreciate, however, is that the homeless are not a distinct, defined, nor fixed segment of our population. The overtly homeless are in frequent flux—merging in and out of a far larger group of hidden or borderline homeless. These "hidden homeless" are composed of individuals and families living on the edge. They may be doubled, or even tripled up, with relatives or friends. They are technically domiciled for the moment, but they may have been homeless last year. And they have a good chance of becoming frankly homeless in the next few months.

While the stereotypical homeless individual remains a single adult man, families and children have become the fastest growing segment among the homeless. Families with children account for 40 percent or more of the homeless population in Chicago, Kansas City, Louisville, and Philadelphia. For children, the insecurity, instability, and disruptions often result in irreparable harm to growth, development, and maturation. Last October, the Subcommittee on Children, Family, Drugs, and Alcoholism held a hearing on the Effects of Homelessness on Children, experts in the fields of child development, education, and health repeated what logic already tells us, that normal, healthy human development takes a secure environment, opportunities to succeed, and emotional support. The hidden tragedy for homeless children, and one that must be avoided, is the derailment of their personal growth—because that loss, as opposed to the loss of a home, may be irrevocable.

The legislation we will be discussing today recognizes that the problem of homelessness goes beyond simple lack of shelter. Homelessness is the end result of varied and complex social ills. Poor education, inadequate or outdated vocational skills, mental health problems, lack of community and support systems, personal instability or disorganization, single parenting with poor parenting skills—these are the substrate that give rise to homelessness. The provision of shelter alone is not the answer. Finding housing for the homeless and calling it a solution is like finding a hospital bed for a cancer patient and calling it a cure.

I commend you Senator Kennedy, and your staff on this vitally important initiative. I look forward now to hearing the testimony of our witnesses.

The CHAIRMAN. Senator Simon.

Senator SIMON. Thank you, Mr. Chairman. I commend you for your leadership on this. If I can just follow through on what Sena-

tor Dodd had to say, we are dealing with the tip of the iceberg when we deal with homelessness. There is some massive misery and poverty in our society that we ought to be attacking.

I was just looking at the statistics for the Pine Ridge Indian Reservation in South Dakota—73 percent unemployment, 26 percent of the homes have no indoor toilets, 8 percent of the homes have no electricity, 65 percent of the homes have no telephones, in the United States of America.

Now, that is not homelessness, but somehow in this great, good, rich country we have to do better. My hope is that we are not just going to solve a cosmetic problem in our society, but that we will look more deeply at some real problems we have here. I hope this hearing will help.

Let me just add that I have had the chance to work with Whoopi Goldberg in the past, and it is good to see you here. We are pleased also to have Judy Carter here from the State of Illinois, who has been a leader in this effort.

Thank you, Mr. Chairman.

[The prepared statement of Senator Simon follows:]

PREPARED STATEMENT OF SENATOR SIMON

I want to thank Chairman Kennedy for his leadership in confronting and creatively addressing the rising incidence of homelessness. His innovative approach should provide new hope for a vulnerable population.

There is no question that homelessness is one the rise. The ill-advised policies of the previous administration have had tragic consequences for some of the most vulnerable in our society. In spite of a massive public and private effort with the creation of the Stewart b. McKinney Homeless Assistance Act of 1987, the homeless are still with us. The McKinney Act was and still is laudable for its services—treating those who have fallen through societal and governmental cracks. It is time, however, to take the next step: preventing homelessness.

Homelessness is a complex problem. In some instances, homelessness can be tied to a simple lack of affordable housing; it is clear, however, that this is not the only factor. I support this legislation because it goes beyond the vitally important job of providing relief to the homeless. It looks at the causes of homelessness and creates a comprehensive common sense approach to help an at risk population.

Mr. Chairman, those who could easily fall victim to homelessness tomorrow are a terribly vulnerable population. And within that population, perhaps the most tragic aspect of our inability to deal with the problems of the homeless, are the children. Families with children and children on their own, who have been forced out of their homes and their families are making up an ever increasing share of the homeless population. This bill attempts to address the myriad of problems families face that can often end in homelessness.

I would also like to address, and praise you for a section in Title I that recognizes the effects of violence on children, the inter-relationship between drug abuse and violence and between violence

and homelessness. We are only beginning to see the long-term impact violence can have on children—both violence directed at them and violence that they witness in their day-to-day environment.

The Erikson Institute, in Chciago, is just wrapping up a study looking at the effects of violence on children. Jim Garbarino, the Presidnet of Erikson and a child psychologist himself, has led a team of researchers, both in the U.S. and abroad, studying young children who have lived with chronic violence. Jim recently testified before one of the subcommittees of this Committee and presented his analysis and thoughts of time spent with Palestinian children and children in Mozambique. But he has also spent time with children in Cabrini Green—one of the most devastated public housing developments in Chicago. Clearly these children and their families are prime candidates for homelessness. And the violence these children witness, within and outside of their families, will eventually affect their emotional and intellectual development.

We need to be sure that those seeing and working with these children and their families are trained to identify children suffering from te effects of violence and trained to provide appropriate "violence counseling." We are beginning to have the knowledge and develop the tools that will allow case managers, Head Start workers, public housing development employees and many others included in this bill to intervene with these children and their families. And, through this interveniton, we increase the chances that these families will not only remain within their home but, equally important, will remain or become functional.

Again, I applaud both the Chairman and his staff for their good work on this bill.

The CHAIRMAN. Thank you very much.

Our first panel includes Whoopi Goldberg and Robin Williams from Comic Relief, which is a nonprofit organization dedicated to raising money to support the national health care for the homeless program. We regret that Billy Crystal is not here, but we have an important message from him.

Not only do we have Whoopi Goldberg and Robin Williams here today, but they also will be appearing on May 12th on HBO on a televised program for some four to five hours to help raise the funds to assist the homeless. We appreciate that not only are they speaking out about this issue, but they are also acting to the extent they can as individuals to assit the homeless.

We also welcome Connie Perez from the Children's Hope Program in Oxnard, California. Accompanying her is her daughter, Monique.

We will look forward to hearing from Mr. Williams, and then Ms. Goldberg, and then from Ms. Perez. Robin, we are glad to have you. I understand you have some comments from Billy Crystal.

Mr. WILLIAMS. Yes, sir, I do.

The CHAIRMAN. However you would like to proceed, we will be glad to hear from you.

STATEMENTS OF ROBIN WILLIAMS, ACTOR AND COMEDIAN, SAN FRANCISCO, CA, ON BEHALF OF BILLY CRYSTAL; WHOOPI GOLDBERG, ACTRESS AND COMEDIENNE, LOS ANGELES, CA; AND CONNIE PEREZ, OUTREACH WORKER FOR THE HOMELESS, CHILDREN'S HOPE PROGRAM, OXNARD, CA, ACCOMPANIED BY MONIQUE PEREZ

Mr. WILLIAMS. I will read these on the record, and also cassette. Thank you. [Laughter.]

We have Billy's picture here, so it will be somewhat like the real thing.

The CHAIRMAN. How is he doing, anyway? How is he feeling?

Mr. WILLIAMS. I hope well. We left yesterday and it was not a good picture.

Ms. GOLDBERG. This is much better. [Laughter.]

Mr. WILLIAMS. So I will read his remarks.

Will you hold that up? Move it around once in a while and make the lips move. [Laughter.]

PREPARED STATEMENT OF BILLY CRYSTAL READ BY ROBIN WILLIAMS

Mr. Chairman, members of the committee, first, I would like to thank you for inviting me to testify today. I am honored to be here before you to express my strong support for the passage and enactment of the Homelessness Prevention and Community Revitalization Act of 1990.

As you know, I have spent the last 4½ years working with an organization known as Comic Relief. Comic Relief, a 501(c)(3) nonprofit organization, was established exclusively for charitable purposes. The designated recipient of moneys generated from Comic Relief fund-raising activities is the National Health Care for the Homeless Program.

This program provides primary and secondary medical care and related health, mental health, and social services to homeless people in 23 major United States cities. Since 1986, Comic Relief has raised and distributed over $9 million, which provided direct services to over 250,000 homeless men, women and children across America.

In our efforts through Comic Relief to increase awareness about homelessness and to provide support to those individuals and organizations working to assist the homeless, it has become clear to us that more attention must be paid to long-term solutions to the problem.

Over the last few years, we have seen an increase in the level of Federal, State and city assistance to the homeless, but these efforts have fallen woefully short of what is needed. The Stewart B. McKinney Act, signed into law by a reluctant President Reagan in 1987, was an important first step toward helping the homeless. I know that you, Senator Kennedy, and others on this committee played a very important role in the enactment of this Act. Unfortunately, however, much more remains to be done.

The McKinney Act and most other governmental programs to assist the homeless have thus far concentrated on emergency, short-term responses to the problem. We must move beyond those band-aid solutions to a policy that seeks to end homelessness.

The Federal Government must respond to the crisis of homelessness with a long-term perspective. If we do not move in that direction soon, we may begin to create a society in which homelessness is dismissed as simply a permanent and irreversible "fact of life."

Homelessness is not irreversible, nor should it be considered an immutable and permanent condition. With political and moral commitment, a massive increase in affordable housing, and the types of social support services that are envisioned in the Homelessness Prevention and Revitalization Act, homelessness can and should be eliminated.

Estimates range on the actual number of homeless people in America. There are two to three million homeless people in this country today. Former President Reagan said that only those who want to be homeless are living on the street. I have a differing opinion.

Families with children—the majority of these children under the age of 6—are the fastest growing segment of the homeless population. They comprise a staggering 40 percent of all homeless people. Yet, the important debate is not about how people are homeless, but rather about how to help those who are.

We must provide comprehensive social services in order to help homeless people live dignified, productive lives. The bill that this committee is introducing today will provide that special help. It will provide a system of support services for people who might not otherwise have access to these vital resources.

I would like to go back to the issue of homeless children for a moment. The futures of homeless children are jeopardized by the very fact that they are homeless. Not only do these children suffer both physically and psychologically, but this Nation suffers as well. These children are our future.

During my travels around the United States on behalf of Comic Relief, I have seen firsthand how homelessness affects children. Last month during a Comic Relief event in Kansas City, I had the opportunity to meet 20 children and their young mothers who recently became homeless. These children were smart, responsive, and articulate.

Yet, we know from documented studies that within a period of months, simply because they are homeless, these children will suffer incredible setbacks. Emotional and mental health problems are identified most frequently as a consequence of homelessness, for children, for their parents, and for families as a whole. Among the other consequences are school-related problems, health problems, and/or inadequate health care, loss of self-esteem, hopelessness, and family problems such as instability and break-ups.

Without immediate attention, the damage to these children may be unalterable. We, as a society will, pay a price for these damages. We, as a society, will either pay the price tag now through legislation like the Homelessness Prevention and Community Revitalization Act of 1990—or we will pay an immensely higher price tag later—as we are confronted with the next generation of America's refugee Nation.

Senator Kennedy, members of the committee, I have seen how critical illness affects people who do not have access to medical insurance and must use their savings to pay for housing. They often

become homeless people. I have seen how trying to pay living expenses and child care affects working couples with low or minimum-wage jobs. Unable to save money, they are one disaster away from becoming homeless.

I have seen and spoken to steel workers and other industrial workers who have lost their jobs when the plants closed. Failure to retrain these workers has resulted in homelessness for many of them and their families.

These are but a few examples of proud, competent people who are willing to and want to work. Yet, they are homeless due to personal crisis which required an outlay of cash that they simply do not have. They are homeless because of an illness or the lack of affordable day care or the death of a family wage earner or the loss of employment—situations and circumstances beyond their personal control.

Homelessness is a complicated problem and it is a very serious problem. I would not be here today, however, if I did not believe that it was a problem that can and should be reduced and eliminated. I believe strongly that this bill, the Homelessness Prevention and Community Revitalization Act of 1990, will go a long way toward reducing homelessness and enhancing the quality of life for those who are now homeless, preventing future homelessness, and improving the communities and housing in which low-income people live.

Once again, I would like to thank you, Senator Kennedy, for inviting me to testify before this committee.

All errors in speech are mine, and 3 years at Juilliard didn't help. [Laughter.]

The CHAIRMAN. Very fine, Robin.

Whoopi Goldberg, we would be glad to hear from you.

Ms. GOLDBERG. I am very honored to be here. As an American, as a young woman from Manhattan, from the projects of Chelsea, this is an amazing thing to be sitting before you all to talk to you about this issue.

Homelessness in our country is such a visible, physical manifestation, it seems so redundant to sit down and discuss it again. The fact that we provide aid to other countries is a wonderful thing; that is what makes America great. It is the American thing to do. However, it seems very peculiar these days that we provide countries with aid and they can't help us. There is nothing they can do for us, and since these countries will never elect a Senator or a Congressman or a President to office, or make policies for this country, I think it is time we started listening to the people who do.

When I was a kid, being an American meant something really special. It meant that you gentlemen and women who run our Nation, whom we elect, were there listening. It meant if there was trouble, you would be there to catch us. People felt that the United States meant "we the people." There was hope. If you were in need, the government was there, programs were there. This was a Nation of "can do," the attitude being we all can do.

The civil rights that came along for black people in this country said that we can do. People we thought would never, ever say yes to us said we shall overcome, and we did, and we are.

However, at this time the feeling is that we can't do. There is a feeling in the people that the Nation and its representatives are saying we can't do for you, we won't do for you, and we don't care.

In light of that, I have gotten on an airplane, which is a very difficult thing for me because I don't like to fly, and I am here to tell you that we the people of the United States, the people who make Comic Relief work, the heroes of Comic Relief, the people who send in checks when they really can't afford to, the children who sell candy bars and anything else—wash cars—who put together money to send to us for Comic Relief all year around—we are here to tell you all, and beg you all to tell the gentlemen with whom you will be talking, because they are the people who need to hear it, that through Comic Relief we want to do, we can do, and will do everything in our power to preserve the dignity and the well-being for every point of light that is faltering—the dignity of children for whom rights are almost nil, the dignity of American citizens, we the people of the United States.

You have no right to keep this money from this bill; you have no right. This is our country. Without us, you have no jobs, and then you may find yourself homeless. With all due respect, light a fire under those guys because they need it. I don't think they realize what is at stake.

I am glad you went to the shelter, Senator, because many people don't. If you have ever held a crack baby or a child who is HIV-positive, or listened to a grown man cry because he can't provide, he can't because there is nothing out there for him——

Senator DURENBERGER. Try a 9-year-old suicide.

Ms. GOLDBERG. Yes, 5-year-olds having nervous breakdowns. This is America. This is not a Third World country; this is America. We can do. Please tell them, make them listen, because we are going to do it without them if they don't. Comic Relief will go on until we are dead. It would be nice if we didn't have to.

Thank you for your indulgence.

[The prepared statement of Ms. Goldberg follows:]

PREPARED STATEMENT OF WHOOPI GOLDBERG

Homelessness in our country is such a visible, physical manifestation that it seems redundant to sit down and discuss it again. The fact that we provide aid to other countries in need is great, it's the American thing to do. However, it seems very difficult these days to provide aid to our own. Since those countries will never elect a Senator or Congressman to office, or make policies for this country, you better start listening to the people who do vote.

There was a time when Americans felt nurtured by this country. People felt there was a belief in the people of the United States. There was hope—if you were in need, the government was there, programs were there, we were a Nation of "can-do." The attitude being that together, as a nation, we looked out for each other. That is not the feeling is that nobody cares. I feel there is no encouragement from the government that we "can do." We only hear, "we can't do for you, and worse, we won't help you do for yourself."

In light of that, we are here to tell you that, we, the people of the United States, through Comic Relief, want to do, can do, and will

do everything in our power to preserve the dignity and well being for every point of light that is faltering.

The CHAIRMAN. Well, it will be difficult to follow that, but I think Robin might introduce our next witness.

Mr. WILLIAMS. Thank you. Before I do, I would just like to thank all of you for coming today. Senator Hatch, thank you. Will Rogers once said he never met a man he didn't like, but he never met Jesse Helms. [Laughter.]

I wish you good luck. I think you have done amazing things. I hope you can continue to do that. There is a movement in America of people who say "right to life." I also say it doesn't stop at the proposition of birth. It should be amended to the fact of a right to a decent life.

We have seen, as many people have said, the one most damaging aspect is children. It is something that is incredible to see, to hold, to witness, and to be confronted by. I say to you, carpe praedium, seize the check, and move forward with your hearts and souls because this is an incredible time.

There is a Chinese curse: May we live in interesting times. We do, and these are the times when we are here presenting to you this problem that you are very much aware of. The people who are not here—I wonder if we have to ask, but maybe there is a big, long lunch.

I would like to present to you a wonderful, wonderful woman, who will present the problem from a very personal and very real perspective. We have been accused of being the "me generation." I think it is time that we become the "we generation." This is a woman who will explain from that perspective what it is like to go through the system, where the flaws are.

I would like to introduce to you Connie and Monique Perez of Oxnard, CA.

[The prepared statement of Mr. Williams follows:]

PREPARED STATEMENT OF ROBIN WILLIAMS

Senator Kennedy, members of the Committee, thank you for inviting me to be here today. Since billy has provided an overview of Comic Relief, I would like toa ddress the issue of homelessness from a more personal perspective. In a moment, I will introduce Connie Perez and her daughter, Monique. connie will tell you about the problems of homelessness better than any expert or actor. She can talk about it from first-hand experience.

Before I introduce Connie and Monique, however, let me say that this story is not uncommon. In my work with comic Relief, I have met many people, children and adults, who face the same horrible situations.

I hope that you will pass this bill so that what has been the reality for children like Monique and her brothers and sisters will not be the reality for other children.

I would now like to introduce Connie and Monique Perez of Oxnard, CA.

The CHAIRMAN. Connie, we are glad to have you here. We appreciate very much your willingness to share this experience. We

know it is not easy to tell about one's hardships and difficulties in life, but we very much appreciate your willingness to do it.

Ms. PEREZ. Thank you.

Senator DODD. You have got to pull that microphone right up close to you there, Connie.

Ms. PEREZ. I would like to begin, Senator Kennedy, by thanking you for everything you have done in the past, as well as what you are going to do for us in the future, not just for myself and my children, but for everyone else in this country.

Thank you, Robin, for that great introduction.

Senator Kennedy and distinguished members of the Senate committee, I am honored not only to be here, but to have been given the opportunity to speak for a few moments on a subject that is of extreme and urgent importance.

We had a meeting last night to talk about what was going to go on today, and as a result of that, there were many things that surfaced that I had chosen in the past to suppress and forget about because what my family and I went through is not something you want to carry with you always, especially if things have changed.

Things have changed for my children and myself. I am a result of what your bill will do. Those services that your bill is going to provide, I am the result of that; my children are a result of that.

Monique Perez, my daughter, is back on the honor roll. I am off the welfare system. I am now working. I have a home. My children have beds to sleep on; they have three wonderful meals a day. They have a table to do their homework on, not a floor or a little scrap of pencil to do their homework with.

I can only speak of what I have experienced as a single mother of seven children. I have six wonderful, beautiful daughters and a son. I was homeless for approximately 3 years, but I was on the welfare system for approximately 15 years. My children and myself suffered a great deal.

I have always been motivated to do and want better for myself and my children. My dream was to complete college. I became homeless in my effort to enhance my life, but I was continuously confronted with effortless frustrations—the system. Doors were being closed on me, but I knew the opportunities were there. It just seemed that no one was really wanting to help. My children suffered the most. My lack of self-esteem was unknowingly passed to my children.

As I said before, my daughter is now on the honor roll. She was on the honor roll once before, but as a result of what we went through her grades went down drastically. Not only did she lose interest in school, but there were other personality changes in the rest of my children, and that really hurts.

In San Diego, when I was finally able to acquire an apartment using the homeless program that you now have in effect, I really, truly tried so very hard to try and get into a nice, decent area for my children. What ended up happening is that I went right back to the same type of problems that I had tried to pull myself out of.

I ended up in a low-income apartment complex. The irony of the whole thing is that the name of the street was called Dream Street. When I told my family about the street I lived on to give them the address, they just laughed.

I was there for one year. For one year, we were there without furniture. My children slept on the floors with just blankets, no pillows. Because the food would not last very long—the food stamps did not stretch out that long—I would send my children to school very early in the morning. They had a breakfast program; they also had a lunch program. My children ate only because of those programs, those services. The little food that I did have, I saved for dinner, and that is the way we lived for one year.

Again, frustrated, I moved. I moved shortly before my children had seen two violent deaths before them in the apartment complex that I was living in. There were a lot of gangs, a lot of violence, a lot of drugs. As the mother of seven children, it is hard to raise a big family, and then to have to struggle to try and make ends meet, they just didn't deserve it, and I really, truly tried.

My children were the only life left in me. What had at first been a natural thirst for knowledge and education had turned into a frustration for life. The pain become so unbearable that I had contemplated giving them up so that they could have what I could obviously not provide, and I was trying, believe me.

Their father became a heavy drug user, thereby offering no assistance. Feeling unsuccessful as a mother and provider, and left with no dignity within myself, I wanted to do away with my life. My kids had begun to see me as a failure, and told me so. They could not understand why I could not provide for them, and I did not have an answer to give them, worse yet. I knew the opportunity was there.

This is why, Senators, I hope you can understand what this feels like. This is why all my effort is being put forth for this bill. This bill will provide all the necessary tools that are needed in our society to help families such as myself.

I moved to another shelter in Oxnard and found someone that saw my potential and inner motivation. He offered a similar on-site program that is mentioned in Senator Kennedy's bill. I was offered the opportunity that I had dreamed of for many years. I entered back into college, began working part time in the field that I love, and this was the result of my climb back up the ladder and off of the welfare system, thanks to Comic Relief.

I have dedicated myself to helping people overcome this deadly disease that has spread across our Nation. The disease I am speaking of is homelessness and the increase in poverty.

I would like to share with you two caseloads that I am currently working on. I am a community outreach worker for the shelter in which I was a resident not too long ago. The first is a 12-year-old boy who is in our gang prevention program. He is a drug pusher and a thief. We would have easily rejected him, but in my investigation I found that he is very loving and motivated. He sold drugs to help his mother pay the rent.

Because of our program that is similar to this bill, this young man is back in school and is doing well. We have provided a part-time job for him because we did not want him to lose his motivation for providing for his family.

I am also working with a family of 12 who live in a garage. I can relate to this family because of my previous situation, and can understand and see the emotional damage that is occurring to the

children and parents. In our area, there are many families living in garages. It has become very difficult to find a place for large families in housing. This bill can help eliminate this type of situation because it will provide the necessary services needed to extensive families such as this one.

Not being able to make ends meet with what they have is what keeps our families coming back. Until something is done to alleviate this serious problem, I am afraid the poverty cycle will continue and there will be no end to the suffering of America's future, the children.

I was the only one of a handful of lucky and extremely fortunate families that made it without falling into the cracks again. When I say fortunate, a single mother with six daughters out on the street, making it without being raped, murdered, assaulted, any number of things that could have happened to us--it was only God up above that kept us alive.

Continuous, as well as increased support of services such as counseling, drug and alcohol programs, early childhood education for parents, parenting skills, case management, supportive groups, financial budgeting, and carefully structured programs of activities for our youth and elderly that this bill will provide are desperately needed. This is the beginning of America repairing the cracks that lead us all back to the streets and eventually to the homeless shelters again.

America is creating a new minority. Please help us to put an end to it and allow the Homelessness Prevention and Community Revitalization Act of 1990 to pass. I am going to leave this hearing today and return home to let other women like myself know that someone here does care and that there is hope. Thank you for having me here.

[The prepared statement of Ms. Perez follows:]

Prepared Statement of Ms. Perez

Senator Kennedy and distinguished members of the Senate Committee. I am honored not only to be here but to have been given the opportunity to speak for a few moments on a subject that is of extreme and urgent importance.

I can only speak from what I personally experienced in my life as a single mother of 7 children. I was homeless for 3 years and my children and I suffered a great deal. I've always been motivated to do and want better for myself and my children. My dream was to complete college. I became homeless in my effort to enhance my life. I was continuously confronted with effortless frustrations. Doors were being closed on me. I knew the opportunities were there but it seemed as if no one really wanted to help me.

My children suffered the most. My lack of self-esteem was unknowingly passed to my children. Monique, a student on the honor roll was rapidly losing interest in school as were the others. I was seeing personality changes in them, where as, they were very loving, they became bitter, especially toward each other. I am still trying to correct the damage that was done.

My children were the only life left in me. What had at first been a natural thirst for knowledge and education had turned into a frustration for life. The pain became so unbearable that I had contemplated giving them up so that they could have what I could obviously not provide. Their father had become a heavy drug abuser thereby offering no assistance. Feeling unsuccessful as a mother and provider, left with no dignity within myself, I wanted to kill myself. My kids had begun to see me as a failure and told me so. They could not understand why I could not provide for them and I did not have an answer to give them because I knew the opportunity was there.

Senators, I hope you can understand what this feels like. This is why all my effort is put forth to support this bill. this bill will provide all the necessary tools that's needed in our society to help families such as myself.

Let me share with you a little story that motivated me into doing what I do now. After having moved into various shelters I experienced a wonderful feeling at a San Diego shelter that brought back some hope into my life. There was a block long of people waiting in a soup line. I had traveled a long distance by foot with my small children. They had missed breakfast that morning at the shelter because it was served too early and we had traveled all night. As I walked toward the end of the line several men pulled me back and turned me around and escorted my children and me inside the soup kitchen where they sat us down and served us. It was at this moment I knew that there was hope for me. I made a solemn promise within myself that someday I would serve the very people that served me.

I moved to another shelter in Oxnard and found someone that saw my potential and inner motivation. He offered similar on-site programs that are mentioned in Senator Kennedy's bill. I was offered the opportunity that I had dreamed of for years. I entered back into college again and began working part-time in the field that I loved so much and this began my climb up the ladder and off the welfare system. I have dedicated myself to helping people overcome this deadly disease that has spread across our nation, the disease I am speaking of is homelessness and the increase in poverty.

I would like to share with you, two case loads that I am currently working with. The first is a 12-year-old boy who is in our gang prevention program. he is a drug pusher and a thief. We could have easily rejected him and said he's just a bad kid from a bad neighborhood, but in my investigation I found that he is very loving and motivated. He sold drugs to help his mother pay the rent. Because of our program that is similar to this bill, this young man is back in school and doing well. We have provided a part-time job for him because we did not want him to loose his motivation of providing for his family.

I am also working with a family of 12 who live in a garage. I can relate to this family because of my previous situation and can understand and see the emotional damage that is occurring to the children and parents. In our area there are many families living in garages. It has become very difficult to find and place large families in housing. This bill can help eliminate this type of situations because it will provide the necessary services needed to extend to families such as this one. Not being able to make ends meet with what they have is what keeps our families coming back. Until something is done to alleviate this serious problem, I am afraid the poverty cycle will continue and there will be no end to the suffering of Americans future, the children. I was only one of a hand full of lucky and extremely fortunate families that made it without falling into the cracks again.

Continuous, as well as increased supportive services such as counseling, drug and alcohol programs, early childhood education for parents, parenting skill, case management, supportive groups, financial budgeting and a carefully structured program of activities for our youth and elderly that this bill will provide is desperately needed.

This is the beginning of America repairing those cracks that leads us all back to the streets and eventually tot he homeless shelters.

America is creating a new minority. Please help us to put an end to it and allow the Homelessness Prevention and Community Revitalization Act of 1990 to pass.

The CHAIRMAN. Thank you very much, Ms. Perez. I would especially think that Whoopi Goldberg and Robin Williams would take a great sense of satisfaction to know that their efforts have resulted in the kind of hope that we see with Connie Perez. It must be a source of inspiration to you.

Let me ask you, Ms. Perez, how typical is your story? You were 15 years on welfare, 3 years homeless with a family. From your own experience in living that kind of life, are there people like yourself who want to strive and seek self-development and try to have their children go back to school and be productive citizens?

What is that life really like? People who are out there, have they given up completely? Are they wanting to try and make a difference for themselves and their families? They are so often described by different individuals and groups. You tell us a different story,

and I would be interested in hearing from someone who probably knows that world. You can perhaps share it not only with your own inspiring experience, but tell us a little bit about what it is really like out there; what is the climate and atmosphere among the people who are homeless.

Ms. PEREZ. Senator Kennedy, I am just one of the lucky ones, as I said before. What I and my children went through comes nothing close to what a lot of the people, a lot of the women with children out there, have gone through.

In my work, I see many mothers that come into the shelter with one or two of their children, and in going through their files I will find out that they have got more than the two children. What has happened to the rest of their family? They have had their children taken away.

They sit there; they cry to me desperately. How can I get my children back? That is the main question that is always asked of me. How can I get my kids back? And it is so sad to know that we are losing our children at a very rapid rate, and I am very thankful to God that I was able to hold on to mine.

They are losing hope, they really are. That is why we have so many turn to drugs. That is why we have so many of the babies being born on crack, on heroin. They are losing hope very quickly. That is why we need to do something as quickly as possible—yesterday, yesterday.

If I could go back and just let them know that it is going to be okay, I know they want a home just like all of us. They want their kids in school—one school, not five to eight schools in less than 8 months.

Kids get made fun of when the rest of the kids in school find out that they come from shelters. Do you know how painful that is for a mother to see their children come home and cry? They don't want to go back to school. That is what is happening to our families right now. Our mothers want their children back. They want to get off of welfare. They want a job, they want their dignity back. They don't want it taken away from them anymore.

The CHAIRMAN. Let me just ask a final question. At some time, as I understand, a private, nonprofit organization that was funded by the McKinney Act, as well as also Comic Relief, was able to provide a range of different services to you and to your family, and also to provide counseling and direction in terms of employment.

Do you think that the combination of services that have been included in this legislation are the kinds of services that would be helpful and useful to others to try and move them out of a life of dependency into a life of hope?

Ms. PEREZ. Oh, yes, without a doubt. That is exactly how I was able to get off. That is exactly how I was able to come out of—15 years is a long time, and once you are on the welfare system, it is near impossible to get off unless you have a streak of good luck, and mine was the person that I had met at the shelter.

It is the services, exactly those services, Senator Kennedy, that you are speaking of, that helped me get out of where I was at. And I know, because those women out there ask—they are begging, they are pleading for help, for those services, but those social workers are so loaded, there is not enough; there is not enough.

It is days before we can get in to talk to anybody, to help me. And because they wait for so long, they just say why wait; just turn around and leave. That is why we are losing them. But, yes, most definitely.

The CHAIRMAN. Senator Hatch.

Senator HATCH. We appreciate the testimony of all three of you, and Billy Crystal. One of my concerns is whether the programs we have put in place up here in the United States Congress are really working; for example, mental health and substance abuse programs.

All of us on this committee work with these programs every day in a great many ways, but I have heard that these programs may not be reaching low-income persons and families in subsidized housing.

So let me ask all three of you this. What can we do to change this, and how can we get the help to the people who really need it and for whom we put these programs in place?

Ms. GOLDBERG. One of the things you might do is suggest to the President that he get some hands-on experience and see what is going on, and the people who have the money that appropriate it come out and see what can be done. You have many, many empty buildings, you know, in this country that could be used. Stop cutting the budget; start giving us some money to educate our children.

Mr. WILLIAMS. HUD could start running some two-party checks.

Ms. GOLDBERG. Yes. You know, start giving us some dignity; start talking to us like we are part of the Nation. You know, again, the heroes of Comic Relief are the American people. They are out there. You know what needs to be done. They all know; we know.

You know, you have got to start taking care of people like we used to. There was a whole era where, you know, you could go to a place and get some help. There was not, you know, should we help farmers, should we help Panama, or should we help the people. Let us get our priorities straight.

We know what needs to be done. It is putting things in the proper priority, I think, that we would like to encourage you to do, because we have read what you have put together, so you know what the gig is—I mean the job. Sorry.

Mr. WILLIAMS. Gig; it is an old word.

Ms. GOLDBERG. It is one of those hipster words, you know.

Senator HATCH. We are somewhat familiar with that. [Laughter.]

Mr. WILLIAMS. It is in the next speech; I have been gigging.

I think it is an incredible thing that the bill addresses the problem from the inside out. What we have been doing for the last 4 years is basically putting a band-aid on a very gaping wound, but this program has incredible possibilities to deal with basically keeping people in their homes, dealing with the fact of just keeping people in the low-income housing that they already have. That is an amazing potential; that would be wonderful.

It is a strange thing how I always think that it sounds like a movie. What we have here is a failure to documentate—a difficult thing. But you have done something amazing, and I hope that you can go to the next part of the appropriation so that you have the ammunition to go with it that can really fund it. That is incredible.

I hope it works because the problem cannot be denied anymore. We cannot be a kinder, blinder Nation. We must look, and you have to see it and it is there—people like Connie.

Even the census, I hope, gives a realistic assessment of it. I hope so. I kind of doubt it. To get a realistic assessment of all the homeless people would take almost a one-on-one, but I hope that happens. I hope you have realistic figures that you can show people. This will be part of it.

A bill like this—I mean, that is why we are back because I think this is very much what we are supporting. We have been holding the fort. We call for the cavalry; you are the cavalry. Senator Durenberger will be back soon, and we are hoping for the best.

I do believe this can work in an incredible way. From a grassroots level, the money can get there and prevent—really and truly prevent homelessness. That is where it lies. You can't keep picking people up. You have to stop them from falling. That is what I hope.

Thank you. I thank all of you in a bipartisan way. I know it is a little scary when you have a comic in front of you. It is kind of like having a porcupine in a hemophiliac ward. [Laughter.]

But I present just my simple soul, and hope that you do continue this, and in a bipartisan way. It is wonderful to see two parties getting together and not basically going, well, I don't know. It is wonderful.

Ms. GOLDBERG. It is.

Mr. WILLIAMS. I congratulate you, and hope that this continues. I hope that we can pull this one off, and I know you can. I wish you the best, and I will come back if you need it. I will write you some more lines.

Senator HATCH. We could use a few.

Connie, did you have anything else you would care to add?

I think your statement is an eloquent testimony that some of these programs are getting down to where they are needed, but I think we need to get more of them down there. We need to address the underlying ills, and I have heard the complaints that they are not getting there—that some of the important programs that we have put into effect are not accomplishing what they really need to accomplish.

Ms. PEREZ. You know, what I feel might work—I know it worked for me—because of lack of transportation, a lot of these people don't have cars. A lot of these people have no way of getting to these sources, so that on-site programs at these shelters, at this low-income housing, would solve, I know, more than half of the problem for these people.

A lot of these workers thing that, oh, well, they didn't show up for their appointment, so they don't care. No, wrong. They don't show up because they didn't have any way to get there. That is all it is. So having some on-site services provided, I know, would be a great help.

Senator HATCH. Well, we appreciate your testimony. I appreciate the efforts of Comic Relief and what you have done. Nine million dollars is a lot of money for one group to raise. It is representative of really hundreds of millions of dollars in volunteer efforts, gifts and grants that have been made all over this country.

It isn't just government doing this; it is people like yourselves and others who basically are dipping into their pockets and lending their talents and doing what really needs to be done to raise the funds that are necessary. So the government is playing a significant role, but there are many, many others.

I want to compliment you for being here today and for what you have done, and for the giving of your talents to help to raise these funds for those who really are in need. So I have been privileged to be here.

Mrs. McKinney, I have to leave, but I want you to know we really appreciate all that you have done. I respected your husband very much, and I just want you to know I respect you as much, if not more. Thank you.

The CHAIRMAN. Senator Dodd.

Senator DODD. Thank you, Mr. Chairman. Again, I want to commend our friends from Comic Relief for taking a lot of time out to be here, but importantly to take the time and dedicate the talents and energies to raise some important funds in the private sector, to contribute to this effort. Hopefully, this next program will generate a lot more interest and bring in some additional dollars.

Ms. Perez, I was fascinated in a sense, when you started to address the question that I had in response to Senator Hatch's question. With seven kids, and the fact that these services that you received, you were able to get to them.

One of my concerns has been that we have a tendency to see programs and sort of compartmentalize them. It is a function of how we have to do business around here, unfortunately, because we try and get something done with Head Start, we try and get something done with the Women, Infant, and Children's Program, we try and get something done with nutrition programs, and health care programs and educational programs and low-income energy assistance and low-income housing programs.

So we kind of see families in that same way. So we have an idea of a Head Start family and a WIC family and a low-income energy assistance family and an AFDC family. What we fail to understand is there is sort of a seamless garment here, and that that WIC family is the AFDC family, and the WIC family and the AFDC family is the low-income energy assistance family, is the Head Start family.

They are not individuals; there are all the same, in a sense. I mean, occasionally there may be one element there that doesn't apply, but generally all of those things affect that same family.

I was intrigued as to how a woman with seven kids could possibly get around. One of the great features of this bill, I think, is the first part of it, and that is these family support centers which are designed to coordinate.

I mean, one of the great complaints we get—none of us would put up with this, not one of this in this room today. We know what it is like. You know, you have got to go to the bank, you have got to go to see the doctor, you have got to go see a lawyer, and we are exhausted. We say, I can't do it, so we quit. I mean, we are just not going to do that. We can't wait around in waiting rooms; we don't like it. We get frustrated; we get angry with the whole situation.

Yet, we ask a family, even in a city like New York where there is a mass transit system—now, here are six places you have got to go in order to get what you need. I am just intrigued as to how in the devil you did this.

Ms. PEREZ. It was extremely hard. I walked a lot, I walked a lot. I come from Ventura County and they have a very good transportation system there, too. I took the buses, and I was one of those families that WIC, Head Start—my children were brought up, they were raised on the WIC program—AFDC, Medical.

It is like you said. I mean, there are all spread out, but because—and all the mothers here, I know, can understand and relate to this. If your children need something, you are going to go out there and do it. I don't care how far you have to walk or what you have to do to get there, but you are going to get there.

Senator DODD. Well, some do, but not all. I mean, I think you are admirable case. You managed to get it done, but the fact of life is you are an exception. Quite candidly, Connie, in a sense, you know, you have come out of this system. A lot of people can't. I mean, that is a fact. The problem is that one of the issues here is to try and make this easier for people to get to services so they can get things done.

I think it is remarkable. I am stunned that there are as many people who have made it out of this, in a way. It is sort of a trap. Once we get you in, you can never get out, you know.

Ms. PEREZ. There are a lot of people out there, a lot of women who are willing to.

Senator DODD. Willing, I understand; willing, I know. It is just capable, able to, because of the way the system is set up. It is almost, in a way, determined to keep you in it.

Ms. PEREZ. That is right. It is a cycle is what it is, and you continue to go around and around and around it until, by some lucky strike, you know, you find a little hole that you just pull out of.

Ms. GOLDBERG. Can I also address that?

Senator DODD. Sure.

Ms. GOLDBERG. Having been a welfare mother, the other part of the way we get stuck in the system is that you can't go out and find a part-time job because it means that whatever you make, that $65 that you make, means you can't maintain your food stamps, you can't keep your Medical. So for $65 that you could go out and maybe make on a weekly basis that would supplement this money, you can't do it because they say, well, then next month you don't get it.

Well, if you don't have the job next month, you are up, you know——

Senator DODD. That creek.

Ms. GOLDBERG. That creek, you know. So we have a system that is built on keeping you down and reminding you of what a failure you are because you can't get out amongst the $100,000 jobs a year.

Senator DODD. That is my point, yes. I think you are saying it well.

Ms. GOLDBERG. So that is part of programming and planning that you need to do that says to these women, listen, we want you to go out and get a gig; we don't think there is anything wrong with you

going to McDonald's and working part-time so you can do this, and we won't take it from you; we will encourage it.

Senator DODD. One of the things that, again, Senator Kennedy and others on the committee here—Senator Coats, and so forth—have been very, very helpful on is our pediatric health care outreach program. I mean, just putting aside what your needs are, there are the children's needs, and this is to bring health care services in vans.

Paul Simon, a colleague of yours, has been tremendously effective in raising private—in fact, he did it all on his own pretty much with a van in New York—I think they have two now—through a New York hospital which is bringing health care services to these hotels where children are.

Now, it is preventive medicine. They can't do any major stuff there, but one of the great things they do is they have a computer on these vans so that when kids are moving around and families are moving around and they walk in, and it is Connie Perez or whoever else it may be, with her child, Monique, Monique pops up on the screen, regardless of where you may have had to move to. So they are able to maintain a cycle of preventive medicine for children. So there are some creative ideas that can really expedite and assist in this effort.

Just to make one last commercial on this stuff, because we have fought so long on it, but child care—Senator Hatch has been tremendously helpful on it, and Senator Kennedy has really been remarkable on it as well.

You do a survey of welfare recipients, AFDC recipients, and one of the major problems is child care. If you want to go out and get the job, you have got to have some place to put those children in a reliable setting. The average cost is $3,000 per year, per child.

Now, if you get into a beginning job and it is maybe paying you 12, $15,000 a year, which is good, and you have got two kids, that is $6,000 that is off the $15,000. You are trying to do these other things. I mean, in many ways you are crazy to get out of it; it is almost wiser from, you know, sort of a D and B standpoint. You know, your balances, your assets, your liabilities—if you figure it out in the system that is presently created, you are really a little nuts to almost leave it. That is the other part of the tragedy.

So I think it is remarkable what you have been able to do. Hopefully, we can get people to understand that what we are talking about here is not how to perpetuate this system, but how to spin people out of it. If we fail to do that, we are digging a deeper hole for ourselves.

You have got to get people out of this system, and you have got to realize that these programs are not designed for individual families. They cut right across those economic and social lines, and until we start recognizing that and providing for the delivery of these systems or services in a way that people can get them and use them to work themselves out as fast as possible, then we are going to perpetuate this problem, as far as I can see. So I thank you.

The CHAIRMAN. The only thing I would add on to what Senator Dodd said is that part of the answer is health care as well. Because if they lose that Medicaid coverage, which they do, that is another

hinderance to letting them move on into employment and some way of moving out of dependency.

Senator Jeffords.

Senator JEFFORDS. Thank you, Mr. Chairman. Thank you for your very, very moving and excellent testimony, Robin and Whoopi. Your testimony helps as much as the wonderful funds you have granted, in raising public awareness to the seriousness of the problem. I am a cosponsor of the bill and will do all I can to see that it comes to fruition.

I would like to talk about a couple of things that have raised my awareness to the homelessness problem. I come from Vermont, a very rural State, but also a very socially conscious State, one of the highest taxing States in the sense of per capita income—a relatively low per capita income, but a very high sense of awareness in social good and needs of people.

We have had some very excellent programs, but recently we have experienced significent growth in the homelessness problem. First, it came with the early release of mental patients, and now the very disturbing fact that we have families that are without homes. That is a new phenomenon for us.

Second, in the next panel we will have Mrs. Stewart McKinney. Her husband, Stewart, was one of my best friends in the Congress. His dedication and awareness of the problems of the homeless, I know, moved all of us, especially when he, in fact, gave his life for the cause.

I would like to ask specifically about some of the programs that are presently in place as well as mention that this new administration is certainly more conscious of the problem and is attempting to try to do some things.

I would like to talk a little bit about the Job Training Partnership Act. Connie, I don't know whether you are aware or you can tell me, but I would be interested in your thoughts on h ow well the program is working. I was with Secretary Dole not too long ago when she announced and emphasized that the Department of Labor was going to redirect the program away from its present direction, which has been basically what is commonly referred to as creaming. That is, the people most likely to be eligible for jobs are trained through this program rather than training being directed toward those that are in the most need of it in order to get off of welfare.

I hope that you have seen a redirection at this time, but would you give me an idea of what you have seen concerning the operation of the Job Training Partnership Act? Was it of any assistance to you? What have you seen presently going on with those that you are outreaching with?

Ms. PEREZ. Senator Jeffords, I have had personal experience with the JTPA program myself. Quite a few years ago, trying to get myself off of the welfare system, I enrolled myself into a program that was being sponsored by the JTPA program. Of course, I qualified; I went through the program.

I had given up basically the dream of being—my dream was to be a psychologist, but after so many years going by, it just wasn't feasible anymore. I just had given it up. So in order to try and do for my family, I was going to have to just get out there and find

myself a job that was going to give me the money that I was going to need to raise seven children.

Therefore, at the time, that is when computers were coming out, and so I thought, well, I would get into the word processing program. It was a pretty sad experience that I had, frankly speaking, with this program. I had gone in hoping to receive a certificate as a word processor. What I came out with was a clerk-typist certificate. I graduated with a 4.0 from the school, but it really didn't help, it really didn't.

Right now, in fact, we have five men who are enrolled in such a program as this, and the school, I guess—maybe it is not the program itself; maybe it is the training schools. This, in particular, is auto mechanics, and I have five men that were signed up for this, offering it for free, at no cost.

It turns out, after they have gone through the initial application and the processing and everything, that two men come back to me and they tell me, well, I am going to have pay $600-and-something out of my pocket for this. Where are these men going to get $600-and-something? I mean, it said free. You know, I don't know what is going on or what is happening, but it angered me quite a bit. In fact, when I go back I am going to deal with it.

Senator JEFFORDS. But that was not part of the Job Training Partnership Act. This was a school which——

Ms. PEREZ. No, no. I believe the program is PIC, the Private Industry Council, which is——

The CHAIRMAN. That is part of JTPA.

Senator JEFFORDS. That is part of JTPA.

Ms. PEREZ. Right, okay.

Senator JEFFORDS. I am confused by the tuition aspect, as you are.

Ms. PEREZ. I know it can work, but if only they would follow through what they say they offer and what they are going to give, because if that happens, then, of course, we will have a lot more families getting off of welfare. But what ends up happening is, such as myself, I wasn't able to get a job that was—as a clerk-typist, you can't find a job that is going to pay you enough money to raise seven children on.

Senator JEFFORDS. The mental health area is another area that we try to reach with this bill. We try to coordinate existing programs to ensure that services are available. As I mentioned, in our experience, a large number of the homeless are those who have been released from institutions, but have not the ability, really, to care for themselves without some assistance from mental health agencies.

What is available now in your area, if anything, with respect to assistance to people with mental problems?

Ms. PEREZ. Really, not much. We do have a lot of the mentally disabled people end up in our shelters, but because of the lack of funding, we do not have the services that we can provide for them. We don't have enough people and we don't have the money to hire the proper staff to work with these mentally disabled people. All we can offer them is a bed and food and love. The money is not there.

Senator JEFFORDS. Thank you. It is helpful testimony, and I certainly hope we will have more success than we have had in the past in handling some of these problems.

Mr. Chairman, I would like to make my full statement a part of the record.

The CHAIRMAN. It will be made a part of the record.

[The prepared statement of Senator Jeffords follows:]

PREPARED STATEMENT OF SENATOR JEFFORDS

The great number of homeless demonstrates that we have failed as a Nation to provide the very basic human needs that allow individuals to live in dignity, and in true freedom. No one is free who does not know where they will find the next meal for their children, or a doctor to treat their illness, or decent shelter they can afford. The multiple social problems we face—a lack of affordable housing, affordable health care, and decent jobs, have manifested themselves in the condition of so many homeless.

Homelessness has had a long-term cause, and therefore requires a long-term solution. Homelessness is not just a singular condition. It is a series of pre-existing conditions that have contributed to an individual becoming homeless. It is compounded when a homeless person then does not have access to the kind of care that will alleviate his or her situation.

The bill we are introducing today authorizes $215 million in grant money to provide needed social services for three target groups: families with young children, individuals with debilitating health conditions, and the chronically mentally ill. In order to get communities more involved in the construction of low-cost housing, an additional $5-million will be authorized in grant to Community Development Corporations. We have formulated this legislation with existing State and local services in mind. The problems of the homeless are universal, but only individual communities know where the real gaps are in their services. The needs of communities in my rural State of Vermont will be very different from those, for example, in the greater Los Angeles area.

Our bill, in five parts, creates a comprehensive prevention program to attack the root causes of homelessness:

(1) Family support centers, to provide services to families who are at risk of becoming homeless or who have already been homeless. Health and mental health services, nutrition, drug and alcohol counseling, family counseling, job training, and education would be provided. Programs established through grants to eligible State and local agencies.

(2) Home Health services programs, via grants to eligible agencies, to establish home health services to low income housing and neighborhoods. $100-million in 1991, through 1995, with 20 percent matching from recipient agencies.

(3) Group home services for the chronically mentally ill. Discretionary grants to agencies to target those at risk of becoming homeless, or previously homeless individuals. Would provide mental health and substance abuse counseling, job and life skills training, extensive case management. $15-million in 1991, through 1995, with 20 percent matching from recipient agencies.

(4) Community Development Corporation Improvement Grants provides $50-million in 1991, through 1995, in discretionary grants to Community Development Corporations, for operation, enhanced business training for individuals operating CDCs, and equity grants to those involved in low-income housing.

(5) Federal cooperation—requires the Secretaries of Health and Human Services and Housing and Urban Development to coordinate on administering the programs outlined in the bill. Plans submitted to Congress by the agencies must include a proposal for grants to recipients under the bill for renovation and rehabilitation grants available through HUD.

There are already existing a great many agencies and organizations in every State that have worked hard to help prevent homelessness. But the need has become so great that an extra helping hand is needed. Our hope is that this bill, as a prevention program, will help meet the needs of potentially homeless persons before they hit the streets. Great credit is due to those who work and volunteer at the soup kitchens and the shelters. But I look forward to the day when at least some of these can close their doors, for lack of homeless people to serve. That will be our measure of success.

The CHAIRMAN. Senator Jeffords is one of the original cosponsors of the legislation and has been very helpful in fashioning it.

Senator Simon.

Senator SIMON. Thank you, Mr. Chairman. I want to thank all three of you. Just a comment or two. First, you talk, Ms. Perez, about the disease of homelessness and poverty, and we have to ask, when there is a disease, what is the cause of the disease. I think it goes back to Whoopi Goldberg's statement that we don't care enough. I think we have to care.

I am very pleased to be a cosponsor of S. 2600. I find it interesting that as we've been talking about homelessness all of a sudden we are talking about child care and we are talking about health and we are talking about other things. You mentioned how important the WIC Program and the Head Start Program were to you.

Yet, on the WIC Program, half the people eligible for the WIC Program can't get on the WIC Program because we are not funding it adequately. Head Start—only one-fifth of the young people who need help are being given help.

I visited in Rock Island recently and, like every other Head Start Program I have ever visited, they have a waiting list. There, the young people are going one morning a week to the Head Start Program. They have to alternate each morning because that is all they can do.

I said to the woman in charge, what if you had enough money that you could be helping these young people every morning; would it make a difference? And she said it would make all the difference in the world.

Somehow, we have to care enough to really move on these things, and I think you have helped to bring that message across. I want to thank all three of you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much.

Senator Coats.

Senator COATS. I will be brief, Mr. Chairman. I know we have probably gone on longer than you would like, and we have other witnesses, and so forth. But while our witnesses are here, let me just make a couple of comments.

First, I want to thank you for your testimony. I think it is important, and it is from the heart; that is clear. I also want to commend you because you have translated your concern into personal commitment and involvement. You have given of your time and resources to put your money and yourself where your mouth is, and I think that is important.

I want to just really make a couple of comments, and then if you want to respond, you can, and if you don't think it is appropriate, don't do that. Whoopi, when you said, you know, we used to have problems and the government responded and today we have problems and the government doesn't, that is not exactly correct because we have more programs; we are spending more money than we ever have.

What is happening is that the system is being flooded with wounded, bleeding people, people in need, and we can't pass enough programs and appropriate enough money to keep up with the problem.

Thirty, 40 years ago, we didn't have Head Start, we didn't have WIC, we didn't have the McKinney Act; we didn't have programs in place to help people. So I am not sure what your time reference was, and I am not criticizing the points you've made. I know the point you are trying to make.

I guess the point I am trying to make is that maybe the money is not getting to the right people. Maybe the programs aren't structured so that they are doing the job, and that is why I like this program the chairman has introduced here because it looks at how we can make the programs more effective, how we can coordinate services, how we can do a lot of things that I think are important, and I want to support him in that.

But I guess I am trying to get at some of the causes for some of the problems. When Robin Williams talked about the "me generation," I sometimes wonder if a lot of us—and I include myself, and I don't include you because you are the "we"; you are doing it. But I wonder sometimes if we are not saying let us make government the "we" so that the rest of us can continue to be the "me," so that I don't have to worry about my family, my neighbor, my community, the people that are hurting around me, because I am going to let government be the "we" so that the rest of us can pursue whatever it is we want to pursue, do what feels good, do what brings material success, do our thing.

It just seems to me that in the last couple of generations, there has been a lot of focus on "me" and not a lot of focus on "we". And so I was just struggling to find out why is the problem increasing to the extent it is; why are we having so many people needing legitimate services. We are struggling to keep up. You know, we have this deficit and we are struggling to deal with all of that.

My final point, and then I will let you respond—my final point, is, Connie, when you said—and God bless you; I mean, what a courageous woman, to take seven children, be left alone and do what you did.

You had a reference to the father of those seven children. We keep having courageous women coming before this panel, and you said—and I wrote it down—"children need something and you are going to do whatever it takes." Where in the hell are the men of this country who will say we are going to do what it takes to keep those families intact, to help those families?

Seventy percent of them under court order don't pay support for their kids; they walk. They are in California, Florida, Illinois. Who knows where they are? They could care less about their kids. You go into the inner city and it is all moms struggling to raise their kids, to walk to the next social services place to get help.

Where are the dads? Where is the responsibility of the fathers for these families? It makes me wonder what has happened to the support systems. Where are the families that say we are in trouble, but, you know, we are going to pull together to pull this out? Where are the support systems that people used to turn to—grandma and grandpa, aunt, uncle, neighbors, community, or whatever?

I don't have all the answers. I am struggling to find out what has gone wrong with our society that it is causing homelessness and hunger and alcoholism and drug addiction and pain and suffering. Women trying to raise families on their own have been left in the lurch.

Well, I don't mean to preach, but I guess I did.

Mr. WILLIAMS. Testify; it is okay.

Senator COATS. Yes. If you want to react, fine.

Ms. GOLDBERG. What has happened is, you know, when Jimmy Carter was President, he was kind of a mild-mannered guy who wasn't real, you know, ya-hah, you know. He was sort of like a guy who said, you know, we have got some problems and kind of slowly we can assemble ourselves so that we can help each other.

And then we got this guy who said no; what are you, nuts? We are America; we are going to do this. We are going to cut the budget, we are going to cut education, we are going to cut aid to families with dependent children, we are going to cut the Head Start Program. These programs which were put in place to help people not get to this point have been butchered.

Senator COATS. Well, now, wait a minute. I can't let you say that. That is not true. They haven't been butchered.

Ms. GOLDBERG. Sir.

Senator COATS. Whoopi, we are spending so much more on Head Start now than we did in 1980. Now, we may not be spending enough.

Ms. GOLDBERG. Senator Coats.

Senator COATS. I don't disagree that we are not spending enough. But it is not true. We didn't even have these programs in place in 1980.

Ms. GOLDBERG. Let me tell you something. My mother was a Head Start teacher, and when she became a Head Start teacher the programs that were there were feeding children during the day. They took care of these kids. By the time my mother stopped being a Head Start teacher, there were no more in-food programs for these places.

I mean, you can tell me anything. I can only respond—you know, I am quite serious—I can only respond to you from what I know

from my personal experience. You can tell me you haven't touched these budgets, and I know better. Either somebody is lining their pockets—I am not going to say who, but let me finish my response.

Senator COATS. OK.

Ms. GOLDBERG. You know, we have a system; we have such a great ideal. The American ideal is great. Unfortunately, you know, when we are building Stealth bombers, which I suppose you need, I don't know that you need 40 of them.

Mr. WILLIAMS. Well, you can sprinkle a little wreckage on them and say one of them crashed.

Ms. GOLDBERG. You know, bombs and defense—I understand you want to feel defended. Fine. If you take money from Social Security programs, if you cut funding to mental health institutions, you are going to have people on the streets. Now, you can see that you are pumping money better, and maybe you are just not pumping it the right way.

HUD was a great idea, you know what I mean? HUD was a great idea. It has run amok.

Mr. WILLIAMS. You don't think building that home on the fifth tee down in——

Ms. GOLDBERG. People who were supposed to benefit didn't, and there is part of the problem.

Senator COATS. OK, I grant you that.

Ms. GOLDBERG. Now, I have got one more thing.

Senator COATS. All right.

Ms. GOLDBERG. We have let ourselves down. The "we generation" is the generation that said you can become anything in this country. That was the "we." It then became "I am going to become this, and you can stay over there because you don't belong to this segment of the population."

I said earlier, when I was a kid, this place, Washington, DC., was the place that said you can be anything you want. There were programs for kids like me with dyslexia, okay? There were programs that were investigating how to make children better educated; how to make slow learners, which I am, feel better about learning, not faster, but better. We don't have this. We don't have commitment to our teachers. We don't have commitment to our parents.

Men disappear because it is easier. It is not a new thing at all. I mean, matriarchy in this country, mothers who take care—we have always been the backbone. That is the way it has always been. Women—we had them, we carry them. Men get broken and they flee. Sometimes, as mothers, we would like to flee, too, but we can't.

So it is not that something is wrong; it is that people's hearts are broken and they can't handle it. And rather than kill them off, as we have seen—you know, people go nuts—they walk away, in the hopes that the government will take care of it, and that we will be strong enough to stand in those lines and walk those miles and take some of the abuse that we take when we go into these programs from people who have too many caseloads, like the teachers. They have got 900 kids in a classroom. They are all talking. You would go cuckoo, too.

So I mean maybe you are putting money in the programs. We are not seeing it.

Senator COATS. Well, that may be the problem. I am not saying that we can't do more——

Ms. GOLDBERG. Oh, no.

Senator COATS [continuing.] Because the problem is greater and we need to do more. But it is discouraging to some of us who have seen the implementation of hundreds of programs, tens of billions of dollars. We are spending twice as much of our Federal budget on social services today as we were when Senator Kennedy's brother was President, but maybe it is not getting there.

I mean, we are spending an enormously greater amount of money on Head Start than when your mother was involved, but maybe it is not getting down there and they are not seeing it. So there is something wrong with the system, and I think that is part of what Senator Kennedy's bill is trying to say here is that we want to make the system better so that the money we do have is delivered.

But I still, I guess, am trying to get back to the root cause of why the problem seems to be growing and not diminishing.

Mr. WILLIAMS. Excuse me. If I can respond on a personal level, you talk about people not doing things—there is a lady in San Francisco who basically fixes 400 sandwiches a day to feed people. There are other cases like that, I think, all over the country where people basically put their own assets out—you know, put their assets on the line.

This woman basically takes care of a program that somewhere was not taken care of. I don't know how many people, but she basically was running it out of her house and she takes it down to them.

The supplementary appropriation for the McKinney Act is in some committee today. It comes in this afternoon, I guess. There is the potential there for a cut of $2.5 million in that committee. This is something where they care cutting back something that you praised today, the McKinney Act. These are realistic cuts.

I think people are trying. Comic Relief is just the tip of the iceberg of people who care. They are sending, like she said, school children. There is an effort. She talked about the reverend who took care of her, and said that people in communities are not afraid to have families relocated near them if they know that they are families.

They have an image, basically, of homeless people of being bums. They think there is going to be a wino living next door, but when they see a family, they come out and they help in droves. They try and find a place; they try and help you relocate. They look for areas that they can help with.

People are trying. They weren't aware of it for a long time because of the theory that came from Uncle Ron a while ago of the trickle-down theory of, well, the public economy can pick it up, the public sector. But people are trying; they come through all sorts of different areas, even on a personal, gut level of working with people.

In terms of the AIDS people that you put through, people go from house to house taking care of each other. In the community I grew up in in San Francisco, the neighborhood I live in was turning into death valley. They would come out, people taking care

from other neighborhoods, coming in and trying to take care of people who can't get out, and the programs won't come to them. They were dying in their homes.

So this is basically people caring because it is too late now; they can't deny it anymore. You can't walk over people anymore—the mental patients wandering in the subways, some of them violent, some of them confronting people, and now people are confronting them back. You have situations in a very dangerous mode in some places. But people are trying to make them more aware. Yes, you are here. Thank you.

Is the system working? No. It needs to be revamped. HUD basically showed that there was something drastically wrong. They were building golf tees and basically going, well, the money got there. No. There is no one living on the fifth tee down somewhere in Texas. I don't think so.

I think that basically something went wrong, and you know that and they know it. And they are today debating right now because maybe they might have to raise taxes. They might have to read his lips and he will have to go, well, I was wrong. OK, this may happen.

You are right. The system is over-taxed. There is something gone wrong. Something is not working. I hope this bill shores up some of the things and really addresses the problem at the root, at the base, to keep people in their houses, to find some way of not letting them go.

When you see a family basically living out of their car, it is like "Grapes of Wrath," people running around living out of their cars. The car breaks down and they live in the car and then eventually they move out of the car. A family of five living in a Chevette? Nay, I say not. You know, that is not good.

But, yet, people are trying. There are people who are concerned. You are right; maybe more, maybe there can be. At the bottom line, why is there such a heavy, heavy-duty problem with drugs? That addresses the psychology of a Nation. That is why I talk about it.

You try and tell people, just say no, just say Noriega. No. It is beyond that; it is something much, much deeper. Yes, you are right. There is something wrong, but people are slowly waking up. The time is over for just sitting and saying it will be taken care of.

Like you said, I can't make you the evil one. I see you; you are people. Senator Hatch, you are here. You came because you are concerned. You are right. We are basically broke. We are $1 trillion in debt, and we don't owe this money to someone named Vinnie. We are here because you have to find ways to get that money and know what to do with it. No one is going to come and go, I want the money by tomorrow or I am going to break your nuclear arms. It is too late.

There has been a cutback. They are making a few less Stealth bombers. The emperor's air force is diminished. All right, great. There is some money available now. Where does it go? Maybe S and L's, which is probably very, very, very necessary because, if not, the regular people who put that money into the S and L's will be on the street. You will have something that will make the Depression look like a party. You are right.

These are things that bother me. That is why we are here, and I thank you all of you for coming. The people who didn't come—maybe one day they will get to the gates of heaven and they will go, hey, okay. [Laughter.]

But I hope for the best. I wish you the best, whatever your stand is on the bill. And I sense you are little over here, but that is all right. That is part of it. It is your job to debate the bill and find the appropriate money for it. I hope you find it because the problem will basically become much, much, much worse.

It will increase more than diminish, and funds have to come or you will find cities that will turn into—there is a neighborhood in San Francisco they call Beirut. The police don't go in it after 11:00. There are people better armed than any policeman there. It is incredible. The buses don't even go. I was once going to take a bus and the guy said, get off now, man. It is incredible.

I try to address it using the only weapon I have, comedy, and that is all we do. This woman addressed it with her heart, and you address it with bills and appropriations. And I wish you the best, and thank you. Your concern is at that human level, and I hope people wake up, and they are.

We ask for your help and we will try and help from this end, and we will meet and it will be a kinder, gentler Nation one day. Thank you.

Senator COATS. Well, that is an eloquent statement that both of you made. I appreciate it, and it gives me hope that there are people like you that have the compassion and the commitment.

Mr. WILLIAMS. There are. They are out there; they call 1-800 numbers; 976-VOTE. Are you a real party animal? [Laughter.]

Senator COATS. I think my time is expired. [Laughter.]

I don't want to get into a give-and-take with Robin Williams.

Mr. WILLIAMS. It is all right. Just bring Jesse in. I want to talk to Jesse for a minute. [Laughter.]

Senator Helms, I want to show you some slides. [Laughter.]

I am sorry.

The CHAIRMAN. Well, just before moving to our second panel, I don't intend to make this a debate between Senator Coats and myself, but the fact is we were touching only 20 percent of those who were eligible for Head Start in 1980, and it the same percentage today.

We had a $5 billion baseline cut for basic childhood nutrition between 1980 and 1985. We have seen an 80-percent cut for low-income housing over the period between 1980 and 1989.

Now, we are spending more in health care, and we know the reasons why in terms of the irrationality of the health care system. If we begin to measure dollars here and there, you know, you can make the case that we are spending more on programs and the rest. But the fact is, in primary and secondary education, in terms of the percent of GNP that we are spending on that, we were 3rd in the world in industrial nations; now, we are 13th.

So all of us are used to wrestling around in terms of figures, and just throwing money at something isn't the answer, but these statistics are an indication of what a Nation's priorities are. What we have seen is some very important cuts in human services, and what we have seen is the disparity between the very rich and the

very poor grow greater in the last 9 years than at any time since we began collecting this information. These are some of the underlying kinds of things that must be considered when you talk about a caring society. We will debate those issues.

We have got a good panel coming up and I want to make sure that they get some good time.

Senator SIMON. Mr. Chairman.

The CHAIRMAN. Yes?

Senator SIMON. If I could just add another 30 seconds, some of these programs have actually been cut. You mentioned school lunches. Those programs have been cut. And when you compound not building low-income housing with high interest rates so that there isn't private construction, who gets the housing that exists? Well, those of us who can afford it. Who gets squeezed out? People who don't have the funds.

I think as a Nation we simply have to get back to the right priorities and the top of the list is caring. And I hope we can work with my colleague from Indiana and others to move in the right direction.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator COATS. Just a 15-second rebuttal.

The CHAIRMAN. Fine.

Senator COATS. Not a rebuttal, but just a further comment. The key word is "caring," and all I am trying to say is with, not a $1 trillion, but $3 trillion——

Mr. WILLIAMS. What is 18 zeroes among friends?

Senator COATS [continuing.] Debt, we are limited in how much we can do. It is the caring of a whole nation; it is the caring of Comic Relief, it is the caring of people like Robin and Whoopi, it is the caring of you and I, the people of Joliet, IL, and Fort Wayne, IN, that is going to have to take part, together with what we can do here, if we are going to really solve the problem.

We have increased money substantially for Head Start, but the system is flooded with more kids that need it. And we all know that we are limited in how much we can do, and so we have got to look at ways in which we can supplement and help and encourage and get all Americans involved in the kinds of things that are being done here.

The CHAIRMAN. Thank you very much. Thank you all. Monique, we are glad to have you here. How are the rest of your sisters and your brother?

Ms. MONIQUE PEREZ. Fine.

The CHAIRMAN. Are you doing well in school?

Ms. MONIQUE PEREZ. Much better.

The CHAIRMAN. Much better. Good. Well, that is fine.

Senator SIMON. But you are skipping school today, right? [Laughter.]

The CHAIRMAN. Very good. We wish you the best. Thank you very much.

Mr. WILLIAMS. Thank you.

The CHAIRMAN. Our second panel consists of three witnesses who are experts in the delivery of housing-based services. First, we will hear from Mrs. Lucie McKinney, Chairperson of the Stewart

McKinney Foundation, which is committed to serving homeless people with AIDS.

Second, we will hear from Judy Langford Carter, Executive Director of the Ounce of Prevention Fund in Chicago. The Ounce has administered many successful programs for poor families and children. Perhaps best known among these is the Beethoven Project in the Robert Taylor Homes Housing Project. We have built on that program with our comprehensive child development program.

Finally, we will hear from Dr. Robert Saywell of the Indiana University School of Public Health and Environmental Affairs. Dr. Saywell is an expert in home-based health services to the frail elderly.

We will begin with Mrs. McKinney. I think we all want to say on this committee, which was so involved in the development of the McKinney homeless legislation, how much we are inspired by your leadership, and how much we have depended upon your counsel and guidance as we have been working on so many programs to try and deal with homelessness.

Your continued involvement and leadership is truly inspirational. We are honored to have you here, and we look forward to continued work with you in the future on how we can address some of these issues that you and the foundation have dealt with. We look forward to your testimony.

STATEMENTS OF LUCIE C. McKINNEY, CHAIRMAN, STEWART B. MCKINNEY FOUNDATION, FAIRFIELD, CT; JUDY LANGFORD CARTER, EXECUTIVE DIRECTOR, OUNCE OF PREVENTION FUND, CHICAGO, IL; AND ROBERT M. SAYWELL, JR., ASSOCIATE PROFESSOR, AND DIRECTOR, GRADUATE PROGRAM IN HEALTH ADMINISTRATION, INDIANA UNIVERSITY SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS, INDIANAPOLIS, IN

Mrs. McKINNEY. Thank you. Mr. Chairman, distinguished members of this committee, I have submitted prior an 18-page testimony which I would like to have entered in the record. Due to time constraints, I have pulled out hopefully only 5 to 7 minutes.

Thank you for giving me the opportunity to come before you today. Stewart was very proud of his involvement in the creation of the Homeless Act, and I know would feel humbled that, upon his death, the Act now carries his name.

Stewart wanted it known that he died of AIDS. In death, he still wished to be a force for positive change. This Act has helped many who would otherwise be left with no hope whatsoever. But now, today, we must move forward with a permanent solution to the question of homelessness. The bill we are all here to endorse today takes that quantum leap to that end.

Emergency shelters should be just that, an emergency stop on the way to affordable low-income housing. Stewart always said there is pride in ownership. This would become a reality with the passage of this bill, and also provide much-needed funds for supportive home health care services for individuals with chronic and debilitating diseases or conditions.

I believe, Mr. Chairman, that people living with AIDS, no matter what ethnic background or lifestyle, have an absolute right to the

same care, comfort and shelter you and I receive as citizens of this great Nation. This decade of AIDS has exposed more about how we failed to respond as a Nation than the mysteries that would explain how HIV could be conquered.

What I consider to be just as crippling as the virus itself has been the prejudice and bigotry that has, up until today, hindered our government's ability to respond effectively to this disaster—yes, this disaster called AIDS.

Recently, California experienced its most serious earthquake in years, and within days this government mobilized all of its resources to respond to the crisis. This disaster caused great destruction, as well as loss of life.

Mr. Chairman, 10 minutes is a very short time to talk about the fact that in 10 years, 130,000 of our country's citizens have been diagnosed with AIDS. Half of them have already died.

This past year, I was asked once again by the Names Project to read the names of those who have died of AIDS and whose quilts were included in the display on the Ellipse here in Washington. Over 10,000 quilts lay before me that day—10,000 too many, 130,000 too many. One was too many for my family and me. This, too, is a crisis. This, too, qualifies for disaster relief.

People with AIDS need the support services this bill has outlined and will provide. The home health care service programs referred to in Title II are of crucial importance. The comprehensive medical services that can be provided at home have proved to be cost-effective.

I knew a young boy in Fairfield who was quite lucky. Although his family wanted nothing to do with him, they provided money for him to be able to live independently. I and many others would visit him, take him to his medical appointments, just fill his empty hours with love, friendship, and care. As he became more debilitated, the nursing care provided by outside services was excellent. And, yes, he was fortunate; he could afford it. The majority cannot.

There are a number of community health centers across our State staffed by qualified personnel. However, they need money to be able to care for the expanding population living with AIDS, the largest of these groups being women and children.

The growing numbers are horrifying. Each day dawns and more and more people are crying for help—help for entitlements, help for medication, help for friendship, comfort, understanding, and, yes, help for a place to sleep at night in safety and in dignity. They are doing their very best, but they are overburdened, under-staffed, and under-financed.

The new population, ladies and gentlemen, as I said, are children. On Palm Sunday, our foundation and another AIDS organization united in an all-day outdoor Easter party hosted at a private home. It was a bitter cold day. Up came a big yellow school bus and out flowed 65 children from the inner city of Bridgeport, all of whom had a parent or parents with AIDS, or had lost a parent to AIDS.

We had 75 volunteers; nobody was daunted by the weather. It was truly beautiful. It was a loving, caring, and happy day for all, and the smiles and laughter left tears in our eyes when the bus pulled away to return to Bridgeport.

Since the McKinney House in Stamford opened its doors in 1989, one year ago, we have provided a home for 16 people with AIDS, people who would otherwise be on the street or, if lucky, in a shelter. We have housed a family with children, as well as single men and women. They have come from all ethnic backgrounds and a broad spectrum of how they acquired HIV. Two have died in the house. This permanent housing not only is cost-effective, but provides a quality and dignity of life that all of us are free to enjoy.

The tenants create a family of their own. It is a joy to visit them. They eat together, they work together, and they support each other. There is no discrimination there. When the father of a family became too ill to care for himself, the others rallied around. He did go to the hospital for a brief period, but then he came home to die with friends surrounding him, encompassed by love. If one could use a word, it was beautiful.

When I would go and visit him, he was so innocent. He misguidedly thought I was somebody important. We would hug each other, and he would say God bless you. He gave me all the credit for enabling him and his family to have a home when, in truth, there were hundreds of people involved in providing that house.

He was so disappointed when he saw I didn't have a limousine. He thought I should. He thought my program director was with the CIA, as he felt a person of my importance should be protected. Not wanting to shatter his image of me, I never corrected him.

A home is so much more than four walls and a roof. A home is a building filled with laughter and tears, excitements and disappointments, health, sickness, communal gatherings and private times, but most of all love—love and care for you has a human being, with no thought as to how or why you got there. A home is just that, a home. This is what the McKinney House is.

Unfortunately, 2 years ago our foundation purchased a house in Fairfield specifically for homeless people with AIDS, and as I speak to you today, that house is not yet open. We have filed suit in Federal court against the town of Fairfield and its planning and zoning board.

They stated that any residence that the McKinney Foundation wished to establish for persons with AIDS would require a special exception permit. In my opinion, this position the town has taken flies directly in the face of the Federal Fair Housing Act. This is one of many examples that I can cite where a small group of people, unwilling to accept the facts of how AIDS can be transmitted, have tried to block efforts to house people with AIDS.

In Connecticut, nursing homes continue to refuse to accept persons diagnosed with AIDS. Not one nursing home in Connecticut will accept a person with AIDS. Hospices severely limit the number of patients they accept. In Branford, they accept three.

A young man just recently brought to my attention was released from the hospital back to his rooming house. He was on entitlements and on what they call maintenance care. The hospital released him because they needed his bed. He was too ill to provide for himself, and the local meal service agency, being overburdened and under-financed, would no longer service people under the age of 65.

He was lucky that his landlady cared. She cooked him her last two eggs and phoned me. Volunteers took over and came daily to provide him with food and love, and now a bed has opened for him in a real home, the McKinney Home. Post-respite care is of crucial importance, but how many can afford it?

The Federal Government must help now. There are too many people falling through the cracks due to lack of available dollars. I do understand the budget issues. I know there are a lot of worthy programs out there. I read about the deficit every day, and I know firsthand how the domino theory works.

The Federal Government cuts back to the States. States cut funding to the towns, and the towns cut funding to the local agency. Everyone loses, and I am telling you, you can't rob Peter to pay Paul. I know that just in trying to pay my own bills. It doesn't solve anything; the debt is still there.

We need new money. Just give us the money in lieu of building one B–2 bomber. I am telling you, I know it. The money is not out there to take, and as it stands now, without your help, foundations like ours have a very limited future. Mr. Chairman, if we cannot take care of our own homeless, we are bankrupt as a Nation. Our best defense is not armaments; it is our investment in people.

Stewart would have pushed relentlessly not only for the McKinney Act to be fully funded, but to be expanded in order to meet the needs of people living with AIDS and HIV infection. As Stewart is no longer with us, I must do my very best to ensure that his work continues and those that need help receive help.

Housing for PWA's is a reality, not a crisis waiting to happen. Sick people—men, women, and children—are on our streets, in our neighborhoods, not knowing where they are going to spend the night, not knowing where their next meal will come from. Remember, it only takes a few great men to do nothing for evil to triumph.

A friend of mine who lost his lover to AIDS inscribed this quote in his quilt: What can I do for him I have loved so well but pray with wistful mind that saints and angels shepherd him forever.

Mr. Chairman, let us begin today to shepherd those among us with AIDS. Let this bill that I strongly endorse be the first of many saints and angels to give comfort to all who are in need of our collective love and compassion. Let this bill raise the curtain of hopelessness for many and begin this new day awash in a thousand points of light.

Again, I thank you for giving me this opportunity to speak to you on behalf of homeless persons with AIDS.

[The prepared statement of Mrs. McKinney follows:]

Prepared Statement of Mrs. McKinney

Mr. Chairman, distinguished members of this committee: Thank you for giving me the opportunity to come before you today. I'm proud to add my voice to so many others who recognize the value of your labors in the creation on the Homelessness Prevention and Community Revitalization Act of 1990.

The Stewart B. McKinney Foundation strongly endorses this Act, and we applaud your commitment to the eradication of despair and homelessness in our nation.

My husband was very proud of his involvement in the creation of the Homeless Act, and I know would feel humbled that upon his death, this act now carries his name. As you know, this Act created new programs that provided protection and

safety for the homeless, emergency food and shelter, transitional and long-term housing, primary and mental health care services, education, job training, alcohol and drug abuse programs, and income assistance.

Yes, the Stewart b. McKinney Homeless Assistance Act is good, It has helped many who would otherwise be left with no hope whatsoever, but now, today, we must move forward with a permanent solution to the question of homelessness. The bill we are all here to endorse today takes that quantum leap to that end.

Emergency shelters should be just that, an emergency stop on the way to affordable, low income housing. Stewart always said there is pride in ownership. this would become a reality with the passage of this bill and also provide much needed funds for supportive home health care services for individuals with chronic and debilitating diseases or conditions.

Many of you are aware my husband died of AIDS. Stewart wanted that fact known; in death he still wished to be a force for positive change. I know I had to do what I could to ensure his death was not in vain. I became that force for change in my community by the creation of our foundation that serves people with AIDS.

The people that the Stewart B. McKinney Foundation struggle to help are homeless in large part due to discrimination. Discrimination because of the AIDS virus—jobs are lost, rents are not renewed, insurance premiums are doubled and tripled until a person can no longer afford them. These people don't want to be on the street, they don't want to be in a shelter. They want to live in dignity, just like you and I they want to work, they want to keep contributing to society for as long as they are healthy and able. The time has come! We must act now! They need the support services the Homeless Prevention and Community Revitalization Act has outlined and will provide.

You may well ask why should the Federal Government help with housing for People with AIDS and not those with cancer, T.B., or chronic heart disease, I say to you because of discrimination PWAs are homeless. Not too many of the above mentioned face discrimination or the nimbly philosophy, or wander our streets looking for a bed to sleep in.

The home health service programs referred to in Title II are of crucial importance—in our state, most of the services provided to HIV persons, are done in part by volunteers, in concert with Hospice and V.N.A. The comprehensive medical services that can be provided at home have proved to be cost effective. There is a project in Miami sponsored by the United Way and managed by the Health Crisis Network, Hospice and V.N.A. that has shown how intensive nursing care can be managed at home.

From personal experience, I knew a young boy in Fairfield, CT—he was lucky. Although his family wanted nothing to do with him, they provided money for him to be able to live independently. I and many others would visit him, take him to his medical appointments, and just fill his empty hours with love, friendship and care. As he became more debilitated, the nursing care provided by outside services, was excellent! And yes, again he was fortunate, he could afford it. The majority can not.

There are a number of community health centers across our State staffed by qualified personnel. However, they need money to be able to care for the expanding population living with AIDS, the largest of these groups being women, children, and I.V. drug abusers. The growing numbers are horrifying. Each day dawns, and more and more people are crying for help. Help for entitlements, help for medications, help for friendship, comfort and understanding, help for a place to sleep at night in safety and in dignity.

Ladies and Gentlemen: The AIDS epidemic has brought into harsh light a multitude of gaps and cracks within our social welfare system. It highlights those matters and people we have put aside and pretended to be invisible. The harsh light does not only show the extreme misery caused by dealing with a life threatening illness while homeless and on the street, nor does it just uncover the trauma of attempting to bury pain within a blur of illicit drugs and alcohol. The harsh light also exhibits how our society's response to AIDS is demeaning of the social fabric as a whole. Once some lives become publicly deemed worthless, life is cheapened for all. But more than this, this harsh light exposes the tenderest sore for all of us . . . our human finitude.

That common bonding of finitude and social interest is the measure and purpose of politics. Addressing AIDS is a complex task, as rightfully shown in this well crafted piece of legislation. As we slowly come to see that it is both inhumane and ever so costly to allow people to languish in hospital beds only because there is no alternative housing, we are forced to provide new models of supportive housing. And of course it is not just the physical housing which is needed; it is home health care,

assistance in caring for children, psycho-social/spiritual needs, bereavement, family and friendship systems, substance abuse treatment which are also required.

Since the McKinney House is Stamford, CT (managed by St. Luke's Community Services, and funded substantially by the McKinney Foundation) opened it's doors in April of 1989—one year ago—we have provided a home for 16 people with AIDS—people who would otherwise be on the street, or if lucky, in a shelter. We have housed a family with children as well as single men and women.

They have come from all ethnic backgrounds and abroad spectrum of how they acquired HIV. Two have died in the house. This permanent housing not only is cost effective, but provides a quality and dignity of life that all of us are free to enjoy. The "tenants" create a family of their own—it is a joy to visit them. They eat together, they work together, and they support each other. There is no discrimination in that home! When the father of the family became too ill to care for himself, the others rallied around. He did go to the hospital for a brief period, but then came home to die with friends surrounding him, encompassed by love. If one can use the word it was beautiful.

When I would go and visit him, he was so innocent and cute—he misguidedly thought that I was someone important. We would hug each other, and he would say "God Bless You." He gave me all the credit for enabling he and his family to have a home, when in truth, there were hundreds of people involved in providing that house. He was disappointed when he saw I didn't have a limousine. He thought I should. He thought my Program Director was with the CIA, as he felt a person of my importance should be protected. Not wanting to shatter his image of me, I never corrected him.

The Connecticut AIDS Residence Program in 1986 began planning for supportive housing for persons living with AIDS in the state. During these early years the religious community, notably the Episcopal and the United Methodist Churches provided major funding in order to establish programs. In 1987 the State legislature funded two demonstration projects in New Haven and Stamford. In 1988 the Connecticut AIDS Residence Coalition came into being.

We at the McKinney Foundation are active founding members of this group. In 1989 the State legislature tripled it's level of funding and included funding for the central office coordinating the work of the coalition.

The coalition also receives monies from foundations and corporations to rent apartments for persons living with AIDS. In 1990 the coalition is encouraging member agencies to address the supportive housing needs of "at risk" substance abusers. This year additional funds have been secured from the Connecticut Alcohol and Drug Abuse Commission. These will be primarily Federal funds, the first direct expenditure from Federal sources to date.

Now with over 50 beds available and an additional 150 beds planned to open during the next year and a half, the financial needs of the member agencies are for operational funds. Currently the State shares about 25 percent of the operational budgets. The remainder being shouldered by foundations, corporations, religious groups and private individuals.

With a multitude of needs there must be a partnership in providing a multitude of resources . . . Resources which are varied and designed so as to meet a continuum of escalating needs. Today the 13 supportive housing programs within the State of Connecticut provide housing services to infants, women, and men. There are families and single adults. There are gay men and heterosexuals. There are Whites and Afro Americans, and Latinos. There are people who are deaf and blind and lame. There are people who have mental limitations and psychiatric illness.

There are those with a vast and varied substance abuse history. And while life threatening illness is a great leveler yet there persists a need for specialized environments sensitive to these various cultures and circumstances.

The response for AIDS care to date has been from new community based organizations (CBOs). When established agencies and governmental bodies were showing extremely limited concern, and even less positive action, these groups were caring . . . even prior to firm knowledge of the limitation of contagion. These groups risked stigma and continued to work with limited funds to do heroic chores. It is vital that CBOs and their innovative stance be maintained and that financial support be expanded. They also need access to technical support to improve their management and housing development skills.

Most communities have gone through numerous changes in AIDS care delivery. The present challenge in Connecticut is to address the great needs of persons with chronic substance abuse histories. Here is one place for the "war on drugs" to be fought.

Compassionate care for substance abusers with life threatening illness has a positive effect upon those still abusing. It gives a clear signal of hope, and it is also a strong AIDS preventative measure as it can lessen the rate of transmission.

There are simplistic suggestions to address the crisis. In Connecticut there was initial discussion to reopen old T.B. sanatoria. Persons living with AIDS banished to the countryside would have put the problem out of sight. Such responses have been tried in the past. I hope we have matured beyond that approach. Another approach is to pretend that a problem does not exist. This has been the approach often followed. With a majority of AIDS cases in our State concentrated among the poorest of the poor their historic social invisibility provides a false sense of security. We are relieved when we hear reports of low infection rates in prison, but a couple of years later we learned that these were vast underestimates. We have kept to the old system. There are reports of prisoners living with AIDS waiting two or three weeks to see a physician (that is the system).

We have seen hospitals forced to keep scores of AIDS patients longer than is medically necessary because there was no place to discharge them. Nursing homes for the most part continue to refuse to accept those with a diagnosis of AIDS, and there are even hospices which refuse entirely or severely limit the number of admissions of persons with AIDS.

It is vital that there be a continuum of care and it is necessary that this continuum be established in its entirety as quickly as possible. The need for action is clear. The crude incidence rates for 1989 are as follows:

In New Haven the rate of AIDS is 47.5 per 100,000; Hartford the rate is 48.9 per 100,000; and Bridgeport the rate is 27.5 per 100,000. The reason there needs to be a coordination in establishing a continuum is that without all the resources in place it is likely an incomplete continuum will fail.

Homelessness is the stumbling point for humans and economic healthcare delivery. Without a stable, safe, and secure residence persons living with HIV infection are unable to obtain proper care outside hospitals. The consequences include: extended hospitalizations due to lack of discharge site or location in a less than adequate site (such as a night shelter, unsupervised single room occupancy hotel), noncompliance with medication, inability to secure adequate nutrition, decomposition and dehydration, isolation, depression, suicidal ideation, and familial separation.

Amongst the poorest of the poor many social issues are preexistent to HIV infection. AIDS is just one more burden . . . Sometimes not the most severe. Mere survival amidst the crisis of confronting one's own finitude is an heroic challenge. Persons with such experience of oppression find every day living skills to be compromised by the paramount need for the simple survival of health management. Health management of a life threatening disease is inordinately difficult.

The intricacies of the entitlement programs, the complexity of the welfare health "system" of clinics, emergency rooms, and impersonal care; the lack of home health care; are all barriers.

The Homeless Prevention and Community Revitalization Act addresses the needs of permanent housing for persons living with AIDS in a diversity of settings: insuring maintenance of private, existing personal housing through the creation of new, low income properties as well as supportive housing in SROs and community residence. This diversity of choice is to be commended.

The Act will also give incentive to increase community involvement in the building of more low income housing, through grants to Community Development Corporations. This is what I call unity, and what I feel should have been done years ago. The passage of this bill—especially Title II of this bill, will allow many others to live in the surroundings such as the McKinney House provides. Our State of Connecticut has been quite generous with dollars toward housing homeless people with AIDS; the Stewart B. McKinney Foundation is doing the best it can, but resources are running out. The Federal Government must help us now. There are too many people falling through the cracks due to lack of available dollars.

When Stewart was alive, most of his time was spent on solving or trying to solve the many problems of homelessness. AIDS has posed an additional burden, with discrimination raising it's ugly head. Many years ago Oscar Hammerstein wrote these words which are still pertinent today:

It's not born in you!
It happens after you're born . . .
You've got to be taught to hate and fear
You've got to be taught from year to year
It's got to be drummed in your dear little ear . . .
You've got to be carefully taught!

Stewart would have pushed relentlessly not only for the McKinney Act to be fully funded but to be expanded in order to meet the needs of people living with AIDS and HIV infection. As Stewart is no longer with us I must do my very best to ensure that his work continues, and those that need help, receive help. Housing for PWAs is a reality—not a crisis waiting to happen—sick people, man, women, and children are on our streets, in our neighborhoods, not knowing where they will spend the night, or where their next meal will come from. If the Federal Government doesn't start helping foundations like ours, and other non-profits, in caring for PWAs it will lead to major humanitarian, health and fiscal ramifications.

Remember, it only takes a few great men to do nothing for evil to triumph!

Again I thank you for giving me this opportunity to speak on behalf of homeless PWAs.

The CHAIRMAN. Thank you very much, Mrs. McKinney. That was a very moving statement and comment based upon a great deal of experience. We value it very highly.

Judy Carter, we are glad to have you here.

Ms. CARTER. Thank you very much. I especially appreciate the invitation of Senator Coats to speak strongly in favor of Title I of the Homelessness Prevention and Community Revitalization Act.

My name is Judy Langford Carter. I am the Executive Director of the Ounce of Prevention Fund in Chicago. The Ounce is a public-private partnership founded in 1982 by Irving Harris, Chairman of the Pittway Corporation Charitable Foundation, and Gregory Coler, then Director of the Illinois Department of Children and Family Services.

The mission of our organization is to develop and test innovative, prevention-oriented, cost-effective approaches to complex problems which result in tragedies such as child abuse, teen pregnancy, and delayed child development. Our programs are supported by the State of Illinois through the administration of Governor Jim Thompson, by the Federal Government, and by a variety of private funders.

One of our 42 projects is the Center for Successful Child Development, better known as the Beethoven Project, which is located in one of the buildings at the infamous Robert Taylor Homes on the south side of Chicago. The Center provides an on-site medical clinic with pediatric and prenatal services; a family drop-in center with a variety of activities for parents, including parent education, nutrition classes, and GED training; a team of family advocates who make regular home visits to families in the six buildings which comprise our target area; infant and toddler child care; special services for teen parents; Head Start for children aged three and four; and linkages with other services available in the community.

The ideas behind those individual components are not new. The idea of putting them altogether and the audacity to try it in a place like Robert Taylor Homes was very new and different. What we have learned in the process of implementing a program like this has brought us to some conclusions that have direct bearing on the legislation at hand.

First, our experience with the family support center concept, combined with the use of family advocates, has been a very good one over time. A continuing goal for our program has been to reach every family in our target area, especially those families who have the most difficulty finding and using available resources.

Another concern has been the unexpected multiplicity and severity of the problems our families brought with them.

The CHAIRMAN. Could I interrupt just for a moment? I am going to have to absent myself to attend an award in my brother's memory, the Robert Kennedy Journalism awards, which are given out annually on books about poverty and civil rights in this country.

They have selected an outstanding group of three books. They have a seminar in the morning at American University on these subject matters, and then have the award ceremony this noon time.

So I may not be here physically, but I will certainly be here in spirit, and look forward to reviewing the remaining testimony. I again express my very sincere appreciation to all of you for being here, and I thank Senator Jeffords for being willing to chair the remainder of the hearing.

Thank you very, very much.

Senator SIMON. While we are switching chairmen, first, Mrs. McKinney, that was a powerful statement. Stewart would be very, very proud of you for that statement. I had the honor of serving with him in the House.

Judy Carter and her foundation have been doing a terrific job. I also regret that I am going to have to leave in about 2 minutes, but I just wanted to express my personal appreciation to Judy Carter for the leadership she has provided.

Ms. CARTER. Thank you.

Senator JEFFORDS [presiding]. Please proceed, Judy.

Ms. CARTER. I thought it would be useful to the committee to describe, in general, a family. We do not have a family that exactly fits this description, but I think it serves to give you a very good example of the kinds of problems that our family advocates have to deal with on a daily basis.

A family advocate might encounter a family that includes a 17-year-old drop-out pregnant with her third child who has not received any prenatal care; a baby with failure to thrive; a toddler who has not been immunized; a 33-year-old substance-abusing mother who also suffers from hypertension and obesity; an 11-year-old boy who does well in school, but who often doesn't attend because of gang recruitment activities; an eight-year-old boy who exhibits behavior disorders, but who has not yet been tested by the school; and a 14-year-old girl who has been thrown out of her own home because she is expecting her first child.

This is not an unusual family for our program, but you can just imagine the task of untangling the complicated system of services needed just to stabilize things in a household like that. Helping this kind of family move from the survival mode to self-sufficiency and health is an even greater challenge. Title I's emphasis on the limited caseload for case managers and special attention to training and retaining staff is precisely on target from our experience.

The second conclusion that I would like to talk about is the precariousness of the housing arrangements for many families in our project, especially for teen parents. These families may not be homeless in the sense of having no place to sleep on a given day, but many mothers with young children essentially drift from one household to another. They depend on the willingness of relatives and friends to take them in for a little while, but when the goodwill runs out there is no place to go.

Our family advocates spend a large portion of their time tracking down families who have moved or assisting families in finding another place to go. Shelters, ironically, are the only place many families can get even the minimal services they need, and shelters, by definition, must provide only time-limited services.

Expanded family support centers with an acknowledged mission of stabilizing families and creating strong linkages with public housing authorities, as envisioned in Title I, should help alleviate this problem.

Third, the impact of living in a violent environment cannot be overestimated. Physical safety is a paramount concern of every person in our program, including staff. The fear of violence keeps many families, especially those with young children, from venturing outside their own apartments unless it is absolutely necessary. The resulting isolation has a devastating impact on the development of young children, as well as the functioning of the community as a whole.

The mental health consequences of experiencing or witnessing violence as an ongoing part of community life are substantial and must be addressed for staff, as well as children and other program participants.

The fact that we are almost numb to the reality of community violence at Robert Taylor—two young men and one young woman were killed in separate incidents in the establishment within the first month after the center was opened. That only gave us the beginning for what we were to experience later.

The center director one day came into the downtown office for a meeting visibly shaken after her car ride downtown from the center. She had casually looked out her office window at Robert Taylor a little while earlier when she heard routine gunshots. A young man had been shot in front of the building where the center is located.

She watched while people scattered, then returned to business as usual as a police ambulance took away the body. The whole process took less than 20 minutes. The director's shock was that she had initially responded as though nothing of consequence had even happened. She had to physically leave the area before she could process what she had just witnessed.

Many of our families never leave the area. Many have had to become numb to survive the mental anguish of daily occurrences where they live. The domestic violence counseling included in Title I is a vital step in the direction of addressing the problems that result from life in a violent environment.

We would also recommend additional mental health services oriented toward dealing with violence, and community empowerment and training activities designed to help residents improve basic safety in their environment and gain a greater sense of community control over behavior which seems so out of control now.

Fourth, the gaps in the larger human services system must be addressed simultaneously with a focus on efficient use of services currently available. The most skilled staff and the most elaborate and well-functioning community linkage system cannot make up for the overall lack of services in the system.

The problems faced by virtually every family we serve cannot be addressed without significant improvements in access to adequate housing and in realistic training and expectations for jobs. The lack of substance abuse treatment options responsive to the needs of women with young children and the unavailability of intensive mental health services have been particular barriers to improving the functioning of many of our families.

The families we serve are teetering on the brink of homelessness. They are the same ones this bill would address. The bottom line from our experience is this: There are no magic solutions out there waiting to be discovered. There is no mystery about what needs to happen.

Families cannot ever escape from the tangled web of complicated problems they are caught in without solutions that are as comprehensive and intensive as the problems are. We know what to do, and we should do it now. Title I will move us in the right direction.

Thank you.

[The prepared statement of Ms. Carter follows:]

Prepared Statement of Ms. Carter

Good Morning, Mr. Chairman, Senator Coats, Committee Members. I appreciate the invitation of Senator Coats to speak strongly in favor of Title I of the Homelessness Prevention and Community Revitalization Act of 1990.

My name is Judy Langford Carter. I am executive director of the Ounce of Prevention Fund of Chicago. The Ounce is a public/private partnership founded in 1982 by Irving Harris, Chairman of the Pittway Corporation Charitable Foundation, and Gregory Coler, then Director of the Illinois Department of Children and Family Services. The mission of our organization is to develop and test innovative, prevention-oriented, cost effective approaches to complex problems which result in tragedies such as child abuse, teenage pregnancy, and delayed child development. Our programs are supported by the State of Illinois through the administration of Governor Jim Thompson, by the Federal Government, and by a variety of private funders.

One of our 42 projects is the Center for Successful Child Development, better known as the Beethoven Project, which is located in the infamous Robert Taylor Homes on the south side of Chicago. Along with our co-sponsor, the Chicago Urban League, we have learned a great deal in the past three years about establishing and sustaining a comprehensive family support center similar to those envisioned by this legislation.

The Center for Successful Child Development opened in November of 1987 and has been followed with great interest by national news media, professionals, funders and policymakers. The Center provides an on-site medical clinic with pediatric and prenatal services, a family drop-in center with a variety of activities for parents including parent education, nutrition classes and GED training, a team of family advocates who make regular home visits to families in the six buildings which comprise our target area, infant and toddler child care, special services for teen parents, Head Start for children aged three and four and linkages with other services available in the community. A large proportion of the staff are community residents who were recruited and trained specifically for the Center's program. The ideas behind the individual components of our program are not new. The idea of putting all the pieces together in an early, continuous, and comprehensive approach to enhancing child development was new, as was the audacity to try it on a relatively large scale in a seriously deteriorated and dangerous housing development like Robert Taylor Homes.

What we have learned in the process of implementing a program of this cope has brought us to some conclusions which have direct bearing on the legislation at hand.

First, our experience with the family support center concept combined with the use of family advocates has been a good one over time. The diverse and flexible services provided as well as the personal relationships established with families have been effective in stabilizing and improving family life, although establishing credibility in the community, recruiting and training appropriate staff, and attract-

ing participants all took longer than we had originally anticipated. A continuing goal for our program has been to reach every family in our target area, especially those families who have the most difficulty finding and using available resources. Our experience is that the most motivated and capable families will usually make the most effective use of any services provided, so we have relied on extraordinary outreach efforts to those less likely to come on their own.

Another concern has been the unexpected multiplicity and severity of the problems our families brought with them. On any given day, a family advocate may encounter a family which includes a seventeen year old dropout pregnant with her third child who has not received any prenatal care, a baby with failure to thrive, a toddler who has not been immunized, a thirty three year old substance abusing mother who also suffers from hypertension and obesity, an eleven year old boy who does well in school but often does not attend because of gang recruitment activities, an eight year old boy who exhibits behavioral disorders but who has not yet been tested by the school, and a fourteen year old girl who has been thrown out of her own home because she is expecting her first child. This is not an unusual family for us, but you can imagine the task of untangling the complicated system of services needed just to stabilize things in this household. Helping this family move from survival to health and self sufficiency will be an even greater challenge.

Title One's emphasis on a limited case load for case managers and special attention to training and retention of staff is precisely on target from our experience. In our program, the large number of multi-problem families has had a particular impact on our family advocates, who were recruited from the community and trained by our program as front line contacts with families. We have strengthened both the training and the professional supervision aspects of the family advocate component in response to the increased complexity of the needs the family advocates were addressing.

The second conclusion we can draw from our experience at this point is that the precariousness of the housing arrangements for many families is alarming, particularly for teen parents. Frequent, disruptive moves are very common, which makes establishing ongoing, productive relationships or consistent services for families very difficult. These families may not be homeless in the sense of having no place to sleep on a given day, but many mothers with young children essentially drift from one household to another. They depend on the willingness of relatives and friends to take them in for a little while, and when the good will runs out, there is no place to go. Our family advocates spend a large portion of their time tracking down families who have moved or assisting families in finding another place to go. Shelters, ironically, are the only place many families can get even the minimal services they need. And shelters, by definition, must provide only time-limited services. Expanded family support centers with an acknowledged mission of stabilizing families and strong linkages with public housing authorities as envisioned in Title One should help alleviate this problem.

Third, the impact of living in a violent environment cannot be overestimated. Physical safety is a paramount concern of every person in our program, including staff. The fear of violence keeps many families, especially those with young children, from venturing outside their own apartments unless it is absolutely necessary. The resulting isolation has a devastating impact on the development of young children as well as the functioning of the community as a whole. The normal activities of playing outside or walking to school without fear cannot happen here. The mental health consequences of experiencing or witnessing violence as an ongoing part of family and community life are substantial and must be addressed, for staff as well as children and other program participants.

The fact that we are almost numb to the reality of community violence at Robert Taylor—two young men and a young woman were killed in separate incidents within just the first month the center was opened—is a frightening reality. The Center director came into our downtown office for a meeting one day, visibly shaken after her car ride downtown from the Center. She had casually looked out her office window at Robert Taylor a little while earlier when she heard routine gunshots. A young man had been shot in front of the building where the center is located; she watched while people scattered, then returned, as a police ambulance took away the body. The whole process had taken less than twenty minutes. Her shock was that she had initially responded as though nothing had happened; she had to physically leave the area before she could process what she had just witnessed. Many of our families never leave the area; many have had to become numb to survive the mental anguish of daily occurrences where they live.

The domestic violence counseling included in Title I is a vital step in the direction of addressing the problems that result from life in a violent environment. We would

also recommend additional mental health services oriented toward dealing with violence and community empowerment and training activities designed to help residents improve basic safety in their environment and gain a greater sense of community control over behavior that seems so out of control now.

Fourth, the gaps in the larger human service system must be addressed simultaneously with a focus on more efficient use of services currently available. Even though we provide an impressive array of services to families with young children, there are basic resource problems that are beyond our capacity to address. The most skilled staff and the most elaborate and well-functioning linkage system cannot make up for the overall lack of services in the system. The problems faced by virtually every family we serve cannot be addressed without significant improvements in access to adequate housing and in realistic training and expectations for jobs. The lack of substance abuse treatment options responsive to the needs of women with young children and the unavailability of intensive mental health services have been particular barriers to improving the functioning of many of our families.

These four conclusions reflect part of what we have learned in the last three years at the Beethoven Project. the families we serve are teetering on the brink of homelessness; they are the same ones this bill addresses. The bottom line from our experience is this: There are no magic solutions out there waiting to be discovered. There is no mystery about what needs to happen. Families cannot ever escape from the tangled web of complicated problems they are caught in without solutions that are as comprehensive and intensive as the problems are. We know what to do, and we should do it now. Title One will move us in the right direction.

Senator JEFFORDS. Thank you very much, Judy.

Dr. Saywell.

Mr. SAYWELL. Mr. Chairman, distinguished members of the committee, I am Robert Saywell, Associate Professor and Director of the Graduate Program in Health Administration at the Indiana University School of Public and Environmental Affairs. I am honored to appear before your committee to comment on the Homelessness Prevention and Community Revitalization Act of 1990, and I especially wish to thank Senator Coats for the invitation to be here this morning.

Specifically, I wish to share with the committee the results of my recent research which examines two aspects of home health care delivery in Indiana; first, our evaluation of Indiana's CHOICE Program,[1] and, second, our study of post-hospitalization nursing home placement for elderly hip fracture patients.[2]

I believe that the Indiana CHOICE experience is of interest to your committee, as the services provided in the CHOICE Program are similar to those in Title II, and the results of our hip-fracture study suggest that there is a need for home health care services for the low-income population, especially now that we are establishing strong hospital cost containment measures.

In the fall of 1989, the Indiana Department of Human Services (DHS) engaged Indiana University to evaluate the State's Community and Home Option to Institutional Care for the Elderly and Disabled (CHOICE) Program. This evaluation was a joint effort of the Center for Law and Health in the School of Law, the Health Services Research Center in the School of Public and Environmental Affairs and the Family Research Project in the Department of Sociology, all at Indiana University, Indianapolis. This morning, I

---

[1] Saywell RM, Kinney ED, Rosentraub MS, Steinmetz S, *An Overview of Indiana's Choice Program:* The Health Services Research Center, School of Public and Environmental Affairs, Indiana University, (December 1989).

[2] Palmer RM, Saywell Jr. RM, Zollinger TW, Erner BK, LaBov AD, Freund DA., Garber JE, Misamore GW, Throop FB, "The Impact of the Prospective Payment System on the Treatment of Hip Fractures in the Elderly," *Archives of Internal Medicine,* v149; 2237-2241, (October 1989).

will only cover part of our evaluation, but will provide the committee with a copy of our full report.

The chief objectives of the evaluation were: (1) to answer the question regarding the CHOICE program posed by the Indiana General Assembly in its budget legislation for fiscal year 1989–1990; and (2) to determine whether the CHOICE Program has achieved its goals of reducing long-term care costs and enhancing the quality of life of Indiana's impaired elderly and disabled, as well as their families.

Our evaluation has two parts. Part I, completed in December 1989, is an analysis of the demographic characteristics of CHOICE participants and a preliminary cost analysis of the CHOICE program. Associate Dean Mark S. Rosentraub of Indiana University's School of Public and Environmental Affairs and I had the lead in conducting the analysis contained in this report and were assisted by Professor Eleanor D. Kinney, Associate Professor and Director of the Center for Law and Health at Indiana University.

This Spring, we started Part II of the evaluation to determine the impact that CHOICE has had on the lives of CHOICE participants both in terms of dealing with their disabilities and also in improving their quality of life and that of their families. Professor Suzanne K. Steinmetz, Professor of Sociology and Director of the Family Research Project, along with Professor Kinney, will conduct this part of the evaluation.

CHOICE is a case management program which coordinates and finances home health services for elderly and disabled persons who are at risk for institutionalization. CHOICE services include: attendant care, homemaker services, respite care and other services for primary or family care givers, adult day care, home health services, supplies, home-delivered meals, transportation, and other services necessary to prevent institutionalization of eligible individuals.

I am pleased to see that the services to be provided in Title II of the Homelessness Prevention and Community Revitalization Act of 1990 are nearly identical to the services provided under the Indiana CHOICE program.

One primary difference between CHOICE and Title II is in the target population. Eligible individuals for the CHOICE program are Indiana residents who are at least 60 years of age or older or are disabled because of a severe, chronic disability attributable to an indefinite physical and/or mental impairment. The statute also requires that the individual's impairment places him or her at risk for institutionalization. Title II is targeted at the homeless or near-homeless population. While the targets are stated differently, they in fact may include many of the same individuals.

The DHS administers the CHOICE program and contracts with the Area Agencies on Aging throughout the State to provide these case management services. The CHOICE program is regarded as the funding source of last resort for direct services after other state, Federal and private funding sources are exhausted.

The Indiana General Assembly established the CHOICE program in 1987. The basic concept for the program was inspired by similar state-sponsored home care programs in Wisconsin and other

states.[3] The program was established in 1988 with two pilot projects; one in Tippecanoe County in Area IV (Lafayette) and one in Knox and Davies counties in Area XIIIA (Vincennes). The General Assembly's initial appropriation was $1.5 million for State fiscal year 1988 and State fiscal year 1989 ($750,000 per year). The General Assembly has continued to support the program on a pilot basis with the following appropriations: a supplemental allocation of $5 million for State fiscal year 1989 (for a total of $7.5 million), $8.25 million for State fiscal year 1990, and $412.25 million for State fiscal year 1991. In February 1989, DHS expanded the CHOICE program into Martin County in Area XIIIA (Vincennes), all counties in Area IV (Mitchell) and Allen County in Area II (Fort Wayne). DHS has announced but not implemented additional program expansions.

Cost and eligibility are two controversial issues for the CHOICE program. Many are concerned that the CHOICE program will not accomplish cost savings, and this concern is precipitated by prior research, including the 6-year channeling demonstration on long-term care conducted by Health Care Financing Administration (HCFA), which tested whether substitution of home health care for nursing home care would reduce health system costs.[4]

This and other community demonstrations indicated that, while some cost-effective substitution of services does occur, the enhanced availability of home health services tends to create more demand for home health care, thereby increasing overall expenditures for long-term care.[5]

One of our questions we answered in our evaluation was what were the number and demographic characteristics of the recipients of home care under the CHOICE Program during fiscal year 1988–1989? Our analysis showed, of the 1,462 CHOICE participants indicates that the great majority—two-thirds—were over age 70, and nearly 20 percent were over age 85. The majority were white (94.7 percent), and were female (67.8 percent). Most CHOICE participants live alone (42.5 percent); with a spouse (34.2 percent), with a parent (5.6 percent), or with other (16.2 percent). Nearly two-thirds (62 percent), had Medicare coverage, and 13.7 percent were on Medicaid.

In terms of the total per-recipient cost of providing these home care services under the CHOICE program in fiscal year 1988–1989, we found that the mean monthly cost for the typical patient to participate in the CHOICE Program was approximately one-third the monthly cost of being placed in a nursing home, psychiatric facility, or institution for the developmentally-disabled. The mean monthly cost of providing services to a CHOICE participant was $618.

---

[3] National Governors Association, *State Long Term Care Reform: Development of Community Care Systems in Six States* (1988).

[4] U.S. Dept. of Health and Human Services, Health Care Financing Administration, *Channeling Effects on Formal Community-Based Services and Housing* (1987).

[5] See Kemper, Applebaum and Harrigan, "Community Care Demonstrations: What Have We Learned?," *Health Care Financing Review*, 8:87 (Summer 1987); Kemper, "The Evaluation of the National Long Term Care Demonstration: Overview of the Findings," *Health Services Research*, 23:161 (1988).

We calculated this estimate from State data on actual expenditures vouchers received and paid from program funds, averaged on a monthly basis for each recipient. We then compared this figure to an estimated mean monthly charge of $1,846 for a CHOICE participant to be placed in a nursing home, and an estimated mean monthly charge of $2,285 if the participant had been placed in a psychiatric facility or an institution for the developmentally disabled. The estimated cost of nursing home placement was derived from the average base rate of either intermediate or skilled nursing care facilities, plus the average base rate on add-on services, e.g., occupational therapy, physical therapy, etc.

The General Assembly also wanted to know the amount of total cost savings in fiscal year 1988–1989 realized by the State due to recipients of home care services under the CHOICE program being diverted from long-term care facilities.

In the short time frame we had to complete part one of the evaluation, we were unable to delineate the share of individual costs borne by the State. Our cost figures do not reflect the State savings, per se, but reflect the average total cost of the three alternative long-term care settings.

Only if the State pays the entire cost of each placement, regardless of the setting, could we conclude that the CHOICE program cost differences presented above result in total savings to the State of Indiana.

We concluded, however, in our evaluation that at this point in time the CHOICE program has the potential to save money and is saving money when the overall social costs of services is compared to the estimated costs of care in a nursing home or other long-term care facilities. I may add that cost effectiveness does not mean cost reductions.

What were the number of recipients of home care services under the CHOICE program who would have been placed in long-term care facilities had they not received CHOICE services in fiscal year 1988–1989?

To address this question, we compared the limitations on "activities of daily living" (ADL) in a national sample of nursing home residents and with data on ADLs of CHOICE participants to provide a crude measure of the CHOICE participants who might be in nursing homes if in-home service were not available. The Agency on Aging sponsored Heartland Center on Aging, Disability and Long Term Care at Indiana University's School of Public and Environmental Affairs maintains a national nursing home resident survey containing data on more than 1.3 million people. Each individual in this data base has been evaluated in terms of their abilities to perform six key ADL functions. Using the same six ADL functions, we found that 75.5 percent of CHOICE participants could not perform at least four of these functions, suggesting that these CHOICE participants might have been placed in nursing homes since they shared the same limitations as typical residents in the nursing home sample.

In a study we did last year entitled "The Impact of the Prospective Payment System on the Treatment of Hip Fractures in the Elderly," published in the *Archives of Internal Medicine*,[2] October 1989, Dr. Robert Palmer, myself and others, reviewed 386 Medicare

patients with hip fractures who were admitted to a suburban teaching hospital between 1981 and 1987.

Although the study was to determine the impact of the prospective payment system on post-hospital discharges to nursing homes, we noted significant differences between our study results and those presented in two earlier identical studies by our I.U. colleague, Dr. John F. Fitzgerald. Fitzgerald's findings found that during the years 1984 to 1987, there was a large increase, 200 percent, in the number of patients with hip fractures located in extended-care facilities 6 months after hospital discharge in one study,[6] and approximately 266 percent at one year in another study.[7]

Our study indicated no statistically significant change in six-month nursing home placements between the pre- and post-DRG PPS years. We hypothesized that since the percentage of indigent patients seen at our hospital was much lower than the percentage in either of our hospitals in the other studies—2 percent, versus 22 percent and 6.8 percent—that patients with lower incomes may not have the same level of home support available as do higher-income patients. If this is the case, public support of lower-cost alternatives to nursing home placement for low-income patients may be in order.

In conclusion, I would simply make two observations from our research. Regarding the CHOICE Program, I believe that a State can serve effectively as a coordinator of in-home services for the elderly and disabled in an effective and cost-efficient manner, and can greatly improve the quality of life of the elderly and the disabled who are at risk of institutionalization.

I also believe that our study of hip fracture patients may indicate that the cost-containment pressures of the prospective payment system may be—and I emphasize "may be"—placing low-income patients into nursing homes for rehabilitation at a greater rate than for patients with higher incomes and a stronger at-home support system.

Home health care does, in fact, work. I strongly support the bill, providing that there is no cutback in funds available for the provision of health care to the homeless in other situations; for example, in shelters, on the streets, or those at risk—people behind in their rent in private housing situations.

Thank you very much for the opportunity to present our findings. If I can be of any further assistance, please let me know.

Senator JEFFORDS. Thank you very much, Doctor.

I will defer to Senator Coats for the first round of questioning.

Senator COATS. I appreciate Senator Jeffords deferring to me. I am also in a time crunch, not to the same degree that Senator Kennedy is, but I need to ask these questions and leave, and I thank Senator Jeffords for the opportunity to go ahead.

First of all, thanks to all three of you for your comments and presentations to the committee, and particular thanks to Judy

---

[6] Fitzgerald JF, Fagan LF, Tierney WM, Dittus RS, "Changing Patterns of Hip Fracture Care Before and After Implementation of the Prospective Payment System," *JAMA*, 258: 281-221 (1987).

[7] Fitzgerald JR, Moore PS, Dittus RS, "The Care of Elderly patients With Hip Fracture," *N Engl J Med* 319: 1392-1397 (1988).

Carter and Dr. Saywell for responding to my invitation to come and testify before the committee. Your testimony will be important to our deliberations as to how we go forward with this bill.

Let me just ask a couple of questions, if I could. First, Judy Carter, I think what you are telling us that, in your experience, coordinated services work. And in that regard, I am wondering if the jurisdictions which you operate under in Illinois under the governor are considering expanding your model, models like Operation Beethoven, to other parts of the State, other parts of the city.

Ms. CARTER. There are a number of discussions underway right now. There are four new sites that are funded by the Illinois State Board of Education in four other communities in Illinois now that have been based on some of the ideas that we started out with at Beethoven. None of them are located in a public housing development. That is the significant difference between those two.

But I think that everybody who works in human services all over the country, and particularly at the State level, is looking at ways to coordinate services better, and obviously that needs to happen. Our family advocates in many ways are like the case managers mentioned in Title I. They spend a lot of their time just negotiating the bureaucratic system for all of our families so that they can get the services to which they are entitled.

The fact that you have to have somebody that is your advocate to do that gives you some indication about how ineffective sometimes those services are. But I think I mentioned in my testimony that merely organizing things better is not really going to get these families out of the situations that they are in. You also, at the same time, have to have additional resources there to really meet those needs, which we have never really recognized as being as terrible as they really are.

Senator COATS. How easy or hard is it to get the various individual services to agree to coordinate the services through another provider entity, a case manager, and so forth? A lot of times, you know, we all tend to develop our own little bureaucracies and we have got our own office and our own delivery system.

In a sense, you are asking them to give up authority and jurisdiction that they currently have and defer that to someone else. How easy or hard is that to do?

Ms. CARTER. Well, it has been relatively easy for us, but we have been around with State agencies since 1982, and that means that over time we have developed the kinds of relationships that are really necessary for that to happen. None of that is really on a formalized basis as much as it is on an informal basis where people really will sort of give over the authority that they have over different kinds of services so that they can be provided through our comprehensive system.

I think that there can be built into systems some better ways to link those services so that they are comprehensive, but a lot of that does depend on the individual kinds of negotiations that can be made among agencies, and some agencies are much more willing to do that than others.

Senator COATS. What is the ratio of a case manager to families? How many families does each case manager——

Ms. CARTER. In our project, we have about 15, but the case managers that we use are all people who were recruited and trained from the community, and they are at a much lower level of professional preparation than the case managers that might be used in Title I. I don't know exactly what the vision is about that.

But what we have learned in that process is that those para-professionals really need a lot of supervision from a professional to produce the kinds of services that they need. In addition to the advocacy of case managing something, they are also there to provide the kind of helping hand support to our families so that they can really be enabled on their own to go and get those same kinds of services.

Senator COATS. Have you evaluated what the cost per family for coordinated treatment is on the average?

Ms. CARTER. For our families, we have about 180 families currently. The budget for the center is around $1 million for this year. That includes over $100,000 a year for security. It includes a great deal of cost for the medical services that we actually provide on-site. Those are not services that are provided through Medicaid. They are privately funded through a foundation grant. So the cost per child would be whatever—$1 million divided by 180. That is the number of families, not per child.

Senator COATS. Yes. That is running about $6,000 per family. Has anybody from the State of Illinois projected that out as to what kind of appropriation would have to be made if they expanded the system to cover all the families in need?

Ms. CARTER. I don't know the total number of families. Now, we are dealing in a very limited target population, which are residents of that public housing development. In the other four programs that were built on this particular model, those serve 100 families each at a cost of about $2,500 a family.

Now, those are not in public housing. They do not provide medical care. They provide a more limited kind of service. But we are going to look at which one of those responds better to the population.

Senator COATS. Dr. Saywell, have you had an opportunity to look at Title II of the Act that we are introducing, and do you have any reflections relative to your evaluation of Indiana's program that might be helpful to us as we go forward with this legislation?

Mr. SAYWELL. Yes. As a program evaluator, I think one of the cautions that I can perhaps give—and it comes out of the experience with the CHOICE Program—when asked to do the economic evaluation of the CHOICE Program, the primary objective was to see if it was saving money, and it was a great dilemma to us to come back and say, well, yes and no.

Yes, it is saving money for society. When one can be kept at home for one-third the cost of being placed in a nursing home and receive adequate care, high-quality care, it won't save money for the State of Indiana or any State unless the person who is diverted from the nursing home to the home health care situation is on total State funding, or at least a good part of State funding.

So I think that is one of the insights I can bring as an economist. We have got to look at more than just the costs to the State or to the government. I think we have to look at the social costs. Thir-

teen or fourteen percent of the CHOICE participants in Indiana are Medicaid-eligible and receiving Medicaid. That means the rest are not receiving Medicaid.

This means that for those people receiving the CHOICE Program, the State is not participating for their care outside of CHOICE. Therefore, they are not saving money for those people to be on the CHOICE Program. So I think we have to be very, very careful either now or in the future when we begin to do a cost evaluation of Title II or any of the other homeless bills. We have to look at the cost savings and the benefits, not just what is accruing to—again, cost-effectiveness doesn't mean cost reduction.

Senator COATS. What are your income eligibility guidelines? The bill which we are looking at here defines low-income-eligible as those whose total family income does not exceed 80 percent of the median.

Mr. SAYWELL. In the Indiana CHOICE Program, there is no income eligibility, or at least there wasn't when I was working on the bill last December. Anyone who is eligible for nursing home placement would be eligible for the CHOICE Program in the State of Indiana.

Senator COATS. So it is based on the need for the service, not on income?

Mr. SAYWELL. It is based on need for service, not on income eligibility. So in this case, with Title II, obviously, there could be some cost savings if the Federal Government is picking up other kinds of costs.

Senator COATS. Do you think that is an appropriate level, 80 percent of the median?

Mr. SAYWELL. Yes.

Senator COATS. Mrs. McKinney, I want to thank you for your testimony. I appreciate very much the work that you are carrying on in your husband's name and your commitment to that.

Mr. Chairman, thank you.

Senator JEFFORDS. Thank you, Senator Coats. We certainly appreciate your help on this bill and all of the help you have given us, especially in producing two very excellent witnesses. We deeply appreciate that.

Lucie, I was very pleased to see you. You bring back many poignant memories. I have a couple of questions for you, but before I do that, I would like to mention that Senator Kennedy will review the questions that have been asked. He may also want to submit some additional questions to you in writing.

Certainly, homelessness is a terrible problem, but I can't think of anything worse than the combination of AIDS and homelessness. Your efforts there are deeply appreciated.

I wondered if you could give me an indication of whether there has been any perceptible change in the attitude of the public and the people that you are dealing with as to the understanding of the problems of AIDS and the willingness to help. Have you seen any change in that over the last couple of years?

Mrs. MCKINNEY. Yes, a little, not a great deal. The neighbors in Fairfield, they still—on the homeless issue, they think of the bums in Central Park or Grand Central Station. People have said to me, why should government help house homeless people with AIDS and

not people with cancer or TB, or whatever, and I say to you it is the AIDS that has made them homeless. They are homeless because of discrimination.

They might be sitting right behind you. I mean, a lot of the young men and women that I know look exactly like me and they are homeless. They have lost their job, they have no insurance, and that constitutes homelessness. They can't afford to go anywhere.

Little by little by little, people are getting educated. What delights me is the youngsters are getting educated, and the little kids don't discriminate. I spoke at a class in an elementary school the other day and those kids knew more about AIDS than I did, and that was good because it means there is a generation that is going to come up.

We are losing one generation; I mean, we are losing. The future of America is gone, but it encourages me to see that the one coming up to follow, I think, will be very well educated.

Senator JEFFORDS. Thank you. Also, with respect to this Act, I wondered how you feel this will work in coordinating with the McKinney Act, in providing a comprehensive strategy to provide for the currently homeless and to prevent others from sharing the homelessness experience. Do you think it will work in concert with the McKinney Act?

Mrs. MCKINNEY. Absolutely. There is no reason why it shouldn't, yes. I mean, for one thing, it will give me a place to apply for money, too, which before I could not do. I mean, yes.

And to add a few points onto this money thing, in our house it costs us roughly $30 a day per tenant. In the hospital, it is about $800. So we are saving a great deal of money there. When you come and you talk about case work and social workers, there are three hospitals in Bridgeport, Connecticut, which has got one of the highest rates—Fairfield County is the 13th highest county in the Nation for persons with AIDS, I think was the last report I got. And in Fairfield County, mind you, is Greenwich and Fairfield, not just Bridgeport, Stamford and Norwalk.

There are three hospitals in Bridgeport. There is one hospital that will accept the indigent persons with AIDS. They have one bilingual social worker—one. That is all they can afford. And when I talk about Bridgeport, unfortunately, most of the people in Bridgeport that are now becoming infected are the Hispanics, the blacks, the minorities, women, and children, and that is where we so desperately need money.

I was amazed that Connie could get through with seven children and do everything that she had to do. Think if Connie had AIDS, think if Connie were ill, think if Connie's kids were ill. You have to go from office to office to office in Bridgeport to find out what you are entitled to, and you are sick and you can't get there. What day care is going to take your kids if they are infected? What day care is going to take your kids if you are infected? None. You can't afford day care anyway, but what are you going to do with them? The illness compounds the homelessness.

We had a wonderful man who was a year-and-a-half on city financial assistance waiting for his Social Security. Social Security came through. The first check, the city took for payment because he owed them. A week later, he died. This is very, very common.

People with AIDS die before their benefits come into their pockets. I mean, this is a vast group of people that up until today nobody but a few private foundations have been willing to take care of.

As I said earlier, we are our brother's keeper. I need help; my foundation needs help. I have tapped the corporations dry in Fairfield County. I mean, people now don't even want to see a letter coming from the McKinney Foundation; they know it means money. We need a lot of help.

Senator JEFFORDS. Well, I commend you for your efforts and your work.

Mrs. MCKINNEY. Thank you.

Senator JEFFORDS. I feel for you, and I hope that what we are doing here can be of some assistance to you.

Mrs. MCKINNEY. It certainly will.

Senator JEFFORDS. I appreciate that very much.

Judy, you have been out in the field and therefore have a better idea, looking at this legislation, as to whether or not we are hitting the essential areas of assistance that are needed. Do you think there is any additional assistance we could provide in this type of a bill that we are not handling? Can you give us some idea whether we should have any amendments or changes to try to expand or to better direct the coverage?

Ms. CARTER. One of the things that I mentioned is the experience of living in a very violent environment, and I think that adding some additional counseling, some additional community activities—and by community activities, I mean some ways for people who live in environments like that to take some control over it themselves for many of these people who are literally prisoners in their own apartments because they are too terrified to go out.

It is a very complicated and time-consuming process to even get people to come to a meeting for any reason. But I think when you look at the needs that people have, security is number one, and until you can solve that problem for people, or at least make them feel that they are somewhat more secure there, it is going to be very difficult to do anything else.

There are different program models operating that can help people be more empowered to do that themselves. More police, more law enforcement is needed. Some physical improvement in the buildings and in the developments are needed.

But until those residents really take control and feel in control of that environment themselves, all of those things are not going to work together. And it would be my suggestion that we would add community-empowering kinds of activities to Title I to enable some of those things to happen.

That really has two parts. One is really to improve the basic safety so that people have patrols and they understand what is going on. But the other one is the mental health consequences of that, not only for children, but for adults and for a community as a whole.

When you have things happen like the story I told—when, you know, you watch somebody be killed right in front of you and you go back to business as usual in 20 minutes, it is really frightening. That is the kind of numbness that people have to develop to just continue to live in that kind of environment. The consequences of

that are something that we don't know very much about yet, but that certainly has——

Senator JEFFORDS. What is going on, to your knowledge, with some assistance for people to cope with those kinds of situations—murder in their presence and those kinds of things?

Ms. CARTER. The one that I know of is out of the Erickson Institute in Chicago. Erickson does early childhood training, and they have done some studies of children who live in war areas, some Lebanese and Nicaraguan children, as well as children who live in public housing developments.

They have developed some training activities for teachers and for other people to help a child immediately who has witnessed a traumatic event. What they have tried to do is to have at least one teacher in each Head Start center to be the person who knows how to deal with a child around an issue like that.

That is a minimal kind of effort, but it is something that is going on now that we need to be aware of. I think this whole issue of violence is something that we have overlooked a lot and have tried to pretend isn't there or that we don't really understand. But the impact of that in the long run on the isolation in the community and on the development of children is really significant.

Senator JEFFORDS. What you are saying makes a lot of sense, and I don't think we have really thought that much about that particular aspect.

Dr. Saywell, first, would you have a comment on that particular situation from your experience?

Mr. SAYWELL. Well, I think, listening to the five people who have preceded me, I would think that perhaps one of the biggest problems from the provider side is that of the fragmented services. Housing, transportation, education, health—you know, I keep hearing these words coming up.

Having been involved in health care for the better part of 20 years, I have been preaching for 20 years that we are talking about a fragmented system with no national health policy, and I think that filters down throughout the citizenship.

Housing, education, transportation—you know, you all have these separate problems and you have to go from place to place to get services. I think if you come back up to the funding agencies, you are seeing the same thing happening. Someone funds transportation and somebody funds health; somebody funds education programming. It is no wonder that you have different programs scattered throughout the region. There is no one, perhaps, coordinating and controlling and looking at what is going on.

You know, it has been very enlightening for me this morning, because I have been doing this in health for 20 years, to hear that it is not only health, but it is education and it is transportation and banking.

In my talking with the aides the last couple of weeks before I came here, you know, it is not our jurisdiction; it is the Banking Committee, or it is this committee and that committee. So I think I am seeing this at the grass-roots level, plus here in Washington, and I think someone has to almost become the leader and put all these packages together. That seems to be one of the biggest prob-

lems from the provider side. And, again, I am not a provider; I simply evaluate programs.

Senator JEFFORDS. How important do you believe the establishment of on-site medical services to prevent people from being institutionalized?

Mr. SAYWELL. I think it is very important; that is, having the services available, plus having some kind of a family social network available. In our hip study—and the reason I mentioned that this morning is I was very surprised to see, after the prospective payment system was enacted, a 200/266-percent increase in patients at 6 months still in a nursing home after a hip fracture. That is just in a four-year period.

We replicated those two studies at a hospital in northern Indianapolis that has a very high non Medicaid, or a very low Medicaid population. We hypothesized, as I mentioned earlier, that people with higher incomes tend to have a family support mechanism. Therefore, they don't need to go into a nursing home for an extended period of time following a hip fracture.

So I think it is not only the services being available at one's home, but it is perhaps also having some kind of a family network. You can't simply have someone come in one day a week and clean your house. You need to have the services of home health care provided on a daily basis.

You have got to have ways of checking on people. They can stay alone, certainly, but you have to have a continuous evaluation of how they are doing. You can't simply come in one day a week or 2 days a week and clean a house or provide three meals a day. It is more than that.

If you want to keep them out of nursing homes, or if you even want to provide them any kind of health care, you have to develop that kind of network. It is not only having services in a neighborhood; it is having services brought to the people. The lady with the seven kids—I don't know how she did it, going from place to place.

Senator JEFFORDS. Thank you. Just to further complicate your thinking about all the problems and costs and benefits, I will let you know some of the real problems we have. For instance, the one I am most familiar with is the WIC Program. The studies all indicate that for every dollar spent, you save three.

The problem is the dollar you spend comes out of this committee's budget. The three dollars you save comes out of the Finance Committee's budget because it is in Medicaid. So we have our dollar amount and it is a wholly different functional area than the Finance Committee. So we say, well, gee, if we spend a dollar, we will save three, but it doesn't help us. It helps them, but to heck with them, you know. We have got our own budget to worry about.

It is a real problem, we have to find an answer to it because our whole health system is so skewed now away from prevention and toward reactive care, the short end of life versus the long end.

I don't know how we solve all these problems, but your testimony certainly has raised awareness of the difficulties that those of us in public service face.

Thank you all for your very excellent testimony. We deeply appreciate the time and effort that went into the preparation of the

testimony. Lucie, it was just very moving to see you again, and my best to you and the family.

Mrs. MCKINNEY. Thank you.

Senator JEFFORDS. Thank you all. With that, the hearing is adjourned.

[Whereupon, at 12:39 p.m., the committee was adjourned.]

○

22-752 (96)